



Utility Account Information Data Release Form

REQUESTOR					
Contact Person:			Company:		
Phone:	Fax:		E-mail:		
Address:			Unit #	City	State Zip

TENANT CONTACT INFORMATION					
Contact Person:			Company:		
Phone:	Fax:		E-mail:		
Address / Physical Location of Utility Meter(s):			Unit #	Washington	DC Zip
Billing Address:			Unit #	City	State Zip

Electricity	
Name as listed on utility bill:	Name of Electric Supplier:
Account Number(s):	

Natural Gas	
Name as listed on utility bill:	Name of Natural Gas Supplier:
Account Number(s):	

Water	
Name as listed on utility bill:	Name of Water Supplier:
Account Number(s):	

Other Energy Utility (e.g. oil, steam, etc)	
Name as listed on utility bill:	Name of Supplier:
Type of Utility:	Account Number(s):

AUTORIZATION TO REVIEW UTILITY ACCOUNT HISTORY	
I hereby authorize _____ and/or their designated representatives to obtain records on demand documenting monthly consumption of energy or natural resources for the accounts listed above. I authorize release of records for three years prior to and up to one year after today's date. Such data will be used only for purpose of complying with D.C. Official Code § 6-1451.03 and improving the energy efficiency of my building.	
Signature:	Date: