



**Customer Authorization to Release Gas Usage Information**

**SECTION A - CUSTOMER INFORMATION**

Customer (company) name:			
Customer contact name:		Customer phone number:	( ) -

**SECTION B - RECIEPIENT INFORMATION**

Send information to:	<input type="checkbox"/> Customer	<input type="checkbox"/> Third party
Name:	E-mail:	
Address:		
City:	State:	Zip Code:

**SECTION C- REQUESTED INFORMATION**

**INFORMATION TO BE RELEASED** - Usage records for the following facilities may be released:

Facility address	City, state, zip	Release natural gas usage data (check below)	Account number	Meter number
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

**AVAILABLE REPORTS**

<input type="checkbox"/>	Natural Gas - 24 month summary by account (if available)	Beginning ___/___/___	Ending ___/___/___
<input type="checkbox"/>	Natural Gas - 36 month interval details by account (if available)*	Beginning ___/___/___	Ending ___/___/___

\*There is a \$30 charge for account history greater than 24 months. This charge will appear on your bill.

*The undersigned requests Minnesota Energy Resources to supply the information listed above in Section C to the recipient in Section B. The customer also hereby releases Minnesota Energy Resources from any and all liability arising from or connected with providing this information.*

Authorized customer signature:			
Title of person signing:		Date:	

**Fax this completed form to:**  
**Minnesota Energy Resources • Attn: Transportation Account Manager**  
**Fax: 920-430-6093**  
**If you have questions, call the Transportation Account Manager at 218-878-2258.**