



REQUESTOR CONTACT INFORMATION						
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 #	Akwasasne	NY	Zip
Billing Address:			Unit #	City	State	Zip
TIME PERIOD REQUESTED						
From (MM/YYYY):			To (MM/YYYY):			
ELECTRICITY						
Name as listed on bill:			Name of Supplier:			
Account Number(s):						
Trash Collection						
Name as listed on bill:			Name of Supplier:			
Account Number(s):						
Energy Supplier						
Name as listed on bill:			Name of Supplier:			
Account Number(s):						
OTHER ENERGY UTILITY (E.G. OIL, Kerosene, Wood, Propane, ETC)						
Name as listed on bill:			Name of Supplier:			
Type of Utility:			Account Number(s):			
AUTORIZATION TO REVIEW UTILITY COUNT HISTORY						
I hereby authorize the above named requestor and/or their designated representatives to obtain records on demand documenting monthly consumption of energy/utility costs for the accounts listed above. I authorize release of records for the time period indicated above plus up to one year after today's date. Such data will be used only for information gathering for the Department of Energy/AHA Pilot Project and improving the energy efficiency of the building/home.						
Signature:			Date:			