

Utah Community Action

Application for LIHEAP Crisis Service Call

*Applicant's Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone # _____

Date of Birth _____ E-Mail address: _____ (if you have one)

Dominion Account # _____ Service Agreement # _____

RMP Account # _____

Home Ownership:

Yes (Client must provide proof of ownership – County Property Tax Notice, Deed, DMV Title, or Notarized Contract)
 See Section C3. 4

No  If unit is a rental Crisis Service Call work cannot be done. See Section C3. 5.

FURNACE

COOLING SYSTEM

WATER HEATER

OTHER

Make: _____ **Model#:** _____ **Serial#:** _____

(Cooling system repairs also must meet the age/disability test and equipment must include a mechanical problem that makes replacement necessary.)

Describe Problem:

Applicant/Guardian Signature _____ **Date** _____

I hereby give permission to the administering local agency, State of Utah, HEAT, Rocky Mountain Power, and Dominion Energy to inspect the real property I occupy in order to determine crisis needs, complete the crisis work, and after, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I acknowledge that I have received a copy of the Privacy Act.

| | |
|---|---------------|
| For Office Use Only | |
| _____ | _____ |
| Intake Approval Signature | Approval Date |
| _____ | _____ |
| Editor Approval Signature | Approval Date |
| The client listed above is eligible to receive Energy Crisis or Weatherization crisis funding from the LIHEAP Program. Attach copy of HEAT Certificate | |

Authorization to Release Customer Information to a Third Party Agent



This is a legal binding contract. This form must be signed by the account holder or authorized agent for the account holder (such as CFO or City Manager).

Account:

Service Address:

I, _____ of the above referenced account located at _____
CUSTOMER NAME OR AUTHORIZED AGENT ADDRESS

do hereby authorize Questar Gas Company ("Dominion Energy") to release the designated information below

To _____
THIRD PARTY NAME/COMPANY

To _____
THIRD PARTY NAME/COMPANY

This authorization provides the right to the designated Third Party Agent to request information regarding the items initialed below:

- _____ Billing History (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the specified account
- _____ All meter usage data relating to the specified account
- _____ A copy of the bills on the specified account mailed to the third party
- _____ Deliver copies of any notices regarding termination of my natural gas service

This authorization will remain in full force and effect until date of _____. *If unspecified, this authorization will be limited to a one-time request.*

I, _____ declare that:

- I am authorized to execute this document on behalf of the account record
- I have the authority to financially bind the Customer Record
- I am granting the Third Party Agent(s) listed above the right to request the release of specified account information

I understand that Dominion Energy reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, and causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: _____

Customer Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

I, Third Party Agent, hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: _____

Third Party Agent Company: _____

Third Party Agent Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

Usage and/or Billing History Information Release Form

Return completed forms to:

Email – BillingUsageRequests@pacificorp.com

Mail – Rocky Mountain Power C/O Billing Usage Requests PO Box 25308 Salt Lake City, UT
84125-0308

Fax – 1-800-842-8458

Customer Name: _____

Address (include apartment, if applicable): _____

City: _____

State and Zip: _____

Customer Account Number(s): _____

Authorizing release of (initial one box only):

- Both Usage History and Billing Information – Requestor may request and receive monthly kWh consumption and billing history for the proceeding 12-month period from the date of each request.
- Billing Information only – Requestor may request and receive billing history for the proceeding 12-month period from the date of each request.
- Usage History only – Requestor may request and receive monthly kWh consumption for the proceeding 12 month period from the date of each request.
- Other (Please specify) _____

Released information to be used for (initial all that apply):

- HUD utility analysis and/or allowances
- Weatherization
- Other (Please specify) _____

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION ON THE FOLLOWING BASIS* (initial one box only):

- One-time authorization only (limited to a one-time request for information specified above at the time of receipt of this Authorization).
- One year authorization - Requests for information specified above will be accepted and processed each time requested within the twelve-month period from the date of execution of this Authorization.
- Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information specified above will be accepted and processed each time requested within the authorization period specified herein.

*If no duration is specified, authorization will be limited to a one-time release.

Comments: _____

CUSTOMER, PLEASE READ BEFORE SIGNING:

- The Usage History and/or Billing Information Release Form provides our customers a mechanism to authorize Rocky Mountain Power to share data with specified third parties.
- Rocky Mountain Power is committed to safeguarding customer information. We will not share customer account or energy usage data with third parties unless authorized by the customer.
- The attached release form enables Rocky Mountain Power to track the type of information a customer wishes to share with a third party and for how long.
- Rocky Mountain Power can and will revoke releases upon customer request at any time.
- Any alterations to this authorization form after it's been executed by the Rocky Mountain Power customer will render the form null and void.

Authorization:

I (Customer), by signing below authorize PacifiCorp, doing business as Rocky Mountain Power ("PacifiCorp"), to release kilowatt-hour consumption data and/or billing information corresponding to the account(s) identified above to the party listed below. I hereby waive any claims against PacifiCorp arising out of or in any manner related to the release of such consumption, usage, and billing information.

I understand that I may cancel this authorization at any time by submitting a request in writing to PacifiCorp. Such cancellation will not be valid if action was already taken.

Release Information To: Utah Community Action Weatherization

Customer Signature: _____

Date: _____

REQUESTOR, PLEASE PRINT ENTITY NAME AND READ BEFORE SIGNING:

Utah Community Action Weatherization (Third Party Requestor), hereby releases, holds harmless, and indemnifies the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

Entity / Company
Name: _____

Signature: _____

Date: _____

Title: _____

Telephone
Number: _____

Email address: _____