

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 #	
See Section C3. 4	ride proof of ownership - County F 4 ental Crisis Service Call work cann		itle, or Notarized Contract)
FURNACE			OTHER
Make:	Model#:	Serial#:	
	sary.)		
Applicant/Guardian Sianat	ure		Date
I hereby give permission to Energy to inspect the real	o the administering local agenc property I occupy in order to o ctiveness in meeting program goa	y, State of Utah, HEAT, Rocky M determine crisis needs, complete	lountain Power, and Dominion
	es the information above is correty usage records to the administeracy Act.		
For Office Use Only			
Intake Approval Signature		Approve	al Date
Editor Approval Signature		Approva	I Date
The client listed above is el	igible to receive Energy Crisis or W	leatherization crisis funding from t	he LIHEAP Program.

03/2020 ATTACHMENT #3

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,CUSTOMER NAME OR AUTHORIZE	of the above reference	account located at	ADDRESS
do hereby authorize Questar Gas	Company ("Dominion Energy") to r	lease the designated info	rmation below
То			
THIRD PARTY NA	ME/COMPANY		
ToTHIRD PARTY NA	MERCAMPANY		
This authorization provides the rig	ght to the designated Third Party Ag	ent to request information	regarding the items initialed below:
Billing History (not included a calculations of the specific	ding payment history or discontinua ified account	on of service) and all met	er usage data used in the billing
All meter usage data rel	ating to the specified account		
A copy of the bills on the	e specified account mailed to the thi	d party	
Deliver copies of any no	otices regarding termination of my na	tural gas service	
This authorization will remain in forto a one-time request.	ull force and effect until date of	If un	specified, this authorization will be limited
l,	declare that:		
☐ I am authorized to execute this	s document on behalf of the accoun	record	
☐ I have the authority to financia	Illy bind the Customer Record		
☐ I am granting the Third Party A	Agent(s) listed above the right to req	est the release of specific	ed account information
I understand that Dominion Energreleasing customer data to the Th		d all information provided	pursuant to this authorization before
expenses resulting from: any rele	and indemnify Dominion Energy from ease of information to the Third Party ent; and any actions taken by the Th	Agent pursuant to this au	ands, and causes of action, damages, or thorization; the unauthorized use of this o this authorization.
Customer Signature:			
Customer Phone Number:		Email:	
Executed this	day of	, 20	
	om the use of customer information		ability, claims, demands, causes of action authorization and from the taking of any
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 Act	ion Weatherization	
Customer Signature:	Date:	
REQUESTOR, PLEASE PRINT ENTITY NAME	AND READ BEFORE SIGNING:	
Utah Community Action Weatherization	(Third Party Requestor), hereby releases, holds	
	ability, claims, demand, causes of action, damages, or ormation obtained pursuant to this authorization and from	
Entity / Company		
Name:		
Signature:	Date:	
	Telephone	
Title:	Number:	
Email address:		