



Utility Consumption Information Release

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Household Applicant: _____

Location Address: _____ City: _____ County: _____

UTILITY COMPANY INFORMATION

I certify that I am the owner/tenant of the property at:

Location Address

and I hereby authorize the following utilities to release information regarding my fuel bills, both past and future, to:

Community Action Agency Name

the Nebraska Energy Office (NEO) and the U.S. Department of Energy (DOE).

Natural Gas Company/Supplier: _____	Account Number: _____
Electric Company/Supplier: _____	Account Number: _____
Propane/Fuel Oil Company/Supplier: _____	Account Number: _____

Attach a copy of your latest fuel bill for each company/supplier listed above.

SIGNATURES

I understand that all information related to this application is confidential and will only be used to provide data for the above named agencies and no information obtained through this release will be made public in such a manner that the dwelling or occupants can be identified.

Household Applicant Name: _____

Utility Account Holder Name: _____

Household Applicant's Signature: ► _____ Date _____

Utility Account Holder's Signature: ► _____ Date _____

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