

UTILITY INFORMATION RELEASE AUTHORIZATION

- Arizona Public Service-Acct # _____ City of Phoenix – Acct# _____
- Salt River Project – Acct # _____ Other _____ - Acct # _____
- Southwest Gas – Acct # _____

By signing this form, I authorize the above names utility provider(s) (indicated by check box) to release my historical and future utility bills, account information (such as, but not limited to, name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form (“Authorized Parties”). This release is granted in connection with my household’s request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis, may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from (i) any claims, damages, liability or expenses resulting from the user or disclosure of information based on this Authorization; (ii) the unauthorized use of disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

Authorized Parties:

Community Agency:

Name of agency determining assistance: The Society of St. Vincent de Paul

Signature of Account Holder/Customer of Record: _____

Print Account Holder/Customer of Record: _____

Signature of Joint Account Holder/Customer of Record: _____

Print Joint Account Holder/Customer of Record: _____

Service Address: _____

Date: _____