

Utility Account Information Release Authorization Form

REQUESTOR							
Organization/Individual Name(s): SNAP-Spokane Neighborhood Action Partners							
Energy Assistance Programs-Certification							
Address: 3102 W Fort George Wright Dr		Unit#		City Spokane	State WA	^{Zip} 99224	
Phone Number: 509-456-7627		-mail Address: HEATUSE@SNAPWA.ORG					
CUSTOMER INFORMATION							
Customer Name:							
Phone Number:	E-mai	il Address:					
Address / Physical Location of Utility Meter(s):		Unit#				Zip	
Billing Address:		Unit#	Cit	У	State	Zip	
UTILITY ACCOUNT INFORMATION							
Name as listed on utility bill:		801					
Account Number(s):							
AUTORIZATION TO RELEASE UTILITY ACCOUNT HISTORY							
I hereby authorize SNAP-Spokane Neighborhood Action Partners and/or their designated							
representatives to obtain records detailing electric consumption history, billing information, payment history and any							
other requested information regarding my utility account(s) at Vera Water and Power.							
Customer Signature:	Dat	Date:					
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