





I hereby authorize the below listed utility companies to release my monthly energy account usage information, for each of my accounts, for the last two years, to the Metropolitan Energy Center for use in energy audits.

**Kansas City Power and Light (KCPL)**

**Missouri Gas Energy (MGE) – On attached page**

**FACILITY NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

KCPL 1<sup>st</sup> Meter Account # \_\_\_\_\_, address of this meter, \_\_\_\_\_

KCPL 2<sup>nd</sup> Meter Account # \_\_\_\_\_, address of this meter, \_\_\_\_\_

KCPL 3<sup>rd</sup> Meter Account # \_\_\_\_\_, address of this meter, \_\_\_\_\_

KCPL 4<sup>th</sup> Meter Account # \_\_\_\_\_, address of this meter, \_\_\_\_\_

Authorized by (please print and sign) \_\_\_\_\_.

Title, \_\_\_\_\_

Contact Information, Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Please scan and e-mail, or fax or mail this form to:

**Scott Burnett • 3810 Paseo • Kansas City, Missouri 64109**  
**burnett@kcenergy.org**  
**Voice: 816.531.7283 • Fax: 816.531.4846 • Cell 816.365.6664**

## AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

I hereby authorize Missouri Gas Energy, a division of Southern Union Company ("MGE") to release information regarding my account specified below, including, but not limited to, billing and payment information, meter readings and usage, service history, correspondence, complaints, oral and written communications with MGE and the Missouri Public Service Commission ("Information").

**MGE Account #1:** \_\_\_\_\_ **Address** \_\_\_\_\_

**MGE Account #2:** \_\_\_\_\_ **Address** \_\_\_\_\_

In addition, I do hereby unconditionally release, acquit, and forever discharge MGE from any and all, claims, actions, causes of action, suits, rights, liability, damages, punitive and/or exemplary damages, judgments, attorneys' fees, expenses, costs, causes of action arising under violation of statute or regulation, causes of action arising out of privacy laws and all other claims whatsoever, in law or in equity, which may arise out of the release or use of such Information.

I understand this authorization will remain in effect until I submit a written request to cancel this authorization.

It is expressly agreed that a photocopy of this authorization shall be as valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Legal name of Customer)

\_\_\_\_\_  
Customer's signature

Customer's Email: \_\_\_\_\_

Customer's Phone: \_\_\_\_\_