

Fuel Release Authorization Form



Property Information:

Property Address:	City:	State:	Zip:
Agent or Property Owner for Into Release:	Contact Phone:	Contact Email:	

Energy Provider Information:

Electric	Company Name:	Account Number:		
Account Name:	Account Mailing Address (if different then above):	City:	State:	Zip
Other account number associated with this property (if applicable):				
Natural Gas	Company Name:	Account Number:		
Account Name:	Account Mailing Address (if different then above):	City:	State:	Zip
Other account number associated with this property (if applicable):				
Oil	Company Name:	Account Number:		
Account Name:	Account Mailing Address (if different then above):	City:	State:	Zip
Other account number associated with this property (if applicable):				
Propane	Company Name:	Account Number:		
Account Name:	Account Mailing Address (if different then above):	City:	State:	Zip
Other account number associated with this property (if applicable):				
Solar/ Other	Company Name:	Account Number:		
Account Name:	Account Mailing Address (if different then above):	City:	State:	Zip
Other account number associated with this property (if applicable):				

By signing this form, I hereby authorize Integrated Solar Applications of Vermont or their designated representative, to obtain past and current energy usage, production, cost on my behalf, regarding my property noted above. This data shall be kept confidential and shall not be shared with any third parties other than those parties evaluating by projects for incentives and/or rebates. The data may be published in aggregate form with all individual information removed.

First and Last Name:	
Signature:	