ZEB SOLAR
ZERO ENERGY BUILDINGS

Energy Information Release Form

Customer Information

Customer Name: _____

Mailing Address: _____

Mailing Address (continued): _____

Service Address (if different from above): _____

Service Address (continued): _____

Meter(s) Number (if known): _____

_____

_____

_____

Telephone Number: _____

Email (not required): _____

Energy Service Provider: _____

**The duly signed below hereby authorizes and consents to the release of the customer's monetary statistical energy information from the energy service provider to ZEB Solar, LLC for the service address listed above. This authorization is for the prior 12 month period from the date this document is signed. **

Consent and Acknowledgement

Authorized Representative's Name: _____

Authorized Representative's Title: _____

Authorized Representative's Signature: _____

Date: _____