



### CUSTOMER AUTHORIZATION FOR RELEASE OF INFORMATION

Complete this form to allow Madison Gas and Electric Company (MGE) to release energy use data to the third party named below. This request will be valid for two years from the effective date unless stated below. Return the signed form by mail to **Madison Gas and Electric Company, PO Box 1231, Madison, WI 53701-1231**. If you prefer, you may email a scanned copy of the signed form to **mge@mge.com** or fax to **(608)-252-7098**.

If you have any questions, contact MGE at (608) 252-7000.

Requested Effective Date	Expiration Date of this Authorization (if longer than 2 years)
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Name on MGE Account
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Service Address	City	State	ZIP
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Phone Number
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Address (if different from above)	MGE Account Number

#### Third Party to Receive Information

Company Name
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Mailing Address	City	State	ZIP
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Contact Name	Phone Number
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Comments
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#### Approval

Madison Gas and Electric Company has my permission to share account energy data information with the third party named above. I understand that this release is voluntary. I understand that I may revoke this authorization in writing at any time, except for that information that has already been released prior to my revocation. If this authorization is on behalf of a commercial customer, I hereby represent that I am authorized to execute this document on behalf of the customer.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_