



Consent to Release Information

I, _____ authorize _____
Site Customer Customer Name

_____ of _____
Relationship Company/Organization

located at _____
Address, City, Province, PC

to obtain the following account information:

Standard Customer Usage Information (for usage prior to application for enrollment, use form set out in Customer Choice Guide)

Other; Please specify _____

regarding my ATCO Electricity Account _____ located at
Account Number

_____ and/or _____
Site Address Site ID

under the name of _____
Billing Account Name

I authorize the information to be disclosed as follows (*please provide details*):

Email address: _____

Phone number: _____

Fax number: _____

Mailing address: _____

This authorization shall remain in effect until:

Date

Valid for this one-time request only

Signature of Account Holder

Date

Return completed form to:

Fax: (780) 508-4829

Email: CustomerCareCorrespondence1@atco.com

Mail: Customer Correspondence, ATCO Electricity Transmission and Distribution Division

10035 – 105 St., Edmonton, AB T5J 2V6