



Utility Bill Release Authorization

Gas Supplier Name: _____

This entity supplies the energy to your site [e.g. Vanguard, Centerpoint, Symmetry]

Gas Deliverer Name: _____

This entity handles how the gas arrives to your site, via the physical infrastructure [e.g. Ameren, Nicor]

Please note: the information provided below should exactly match the information shown on your gas bills

Customer Name: _____

Mailing Address: _____

Address 2: _____

Business Phone: _____

Primary Contact: _____

Title: _____

Online Interface Credentials:

Supplier: Username: _____

Password: _____

Delivery: Username: _____

Password: _____

Customer TIN Number: _____

Account #	Service Address
Bill Account #	Building Address

Note: If additional space is required, please attach and sign additional Customer Release Form(s) as required.

ALPHA CONTROLS & SERVICES SPECIFICALLY REQUESTS THE FOLLOWING HISTORICAL DATA:

- Billing history for the last 24 months
- Payment history for the last 24 months
- Customer Usage Data: Therms, Ccf, Mcf, and heat content
- Tariffs and riders applicable to customer class, seasonal rate adjustments / penalties
- Interval Load Data if available. FILE FORMAT: Excel (.xls) spreadsheet

Please send the information requested above via email to: jarada@alphaacs.com

Please be advised that Alpha Controls & Services is hereby authorized by the below named individual to secure historical information for up to the most recent 24 months of service for the accounts listed below.

I HEREBY AUTHORIZE THE INFORMATION REQUESTED ABOVE BE SENT TO ALPHA CONTROLS & SERVICES:

Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____

FOR ALPHA CONTROLS & SERVICES USE ONLY	
Processed by: _____	Received Date: _____
Verified by: _____	