



## CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

All requested information must be provided for the consent to be valid. This form may be available in other languages. To obtain a copy in another language, please contact [inquire@xcelenergy.com](mailto:inquire@xcelenergy.com). Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos.

Utility Name and Contact: **Xcel Energy Correspondence Department**

Physical and Mailing Address: **P.O. Box 8, Eau Claire, WI, 54702**

Phone: **800.895.4999** Email: **datarequest@xcelenergy.com** Fax: **866.208.8732**

For additional information, including the utility's privacy policy, visit [xcelenergy.com](http://xcelenergy.com).

### To be completed by the Data Recipient

By signing this form, you allow your utility to give the following information to:

Organization/Trade Name: \_\_\_\_\_

Contact Name (if available): \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):

**electric**  **steam**  **natural gas**

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) \_\_\_\_\_

This information will be used to:

Provide you with products or services you requested  Offer you products or services that may be of interest to you

Determine your eligibility for an energy program  Analyze your energy usage

Other (specify) \_\_\_\_\_

### DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is as follows:

for the period beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_ OR

for the period beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and effective until terminated by me in writing.

**You may terminate this consent at any time by sending a written request with your name and service address to your utility.**

**To be completed by the Customer**

**CUSTOMER DISCLOSURES**

\*\*\*Customer data can provide insight into activities within the premises receiving utility service. Your utility may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.\*\*\*

\*\*\*You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.\*\*\*

\*\*\*You may access your standard customer data from your utility without any additional charge.\*\*\*

\*\*\*Your utility will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the data recipient maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.\*\*\*

\*\*\*In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide any other information, including personally identifiable information, such as your Social Security Number or any financial account number, to the data recipient through this consent form.\*\*\*

**PLEASE READ THE CUSTOMER DISCLOSURES ABOVE**

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

\_\_\_\_\_  
**CUSTOMER ACCOUNT NUMBER**

\_\_\_\_\_  
**SERVICE ADDRESS**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE OF CUSTOMER OF RECORD**

\_\_\_\_\_  
**DATE SIGNED**