



MULTI FAMILY ENERGY INFORMATION

(This form must be completed for each occupied unit to receive Weatherization services by the person who is responsible for the fuel bills.)

Name: _____

Building Address: _____

Number of units in building: _____ Number or location of this unit: _____

Primary Heating Fuel: Natural Gas Electric Propane Oil Wood Other: _____

Name and address of Primary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Any Secondary Heating Fuel that you sometimes use:

Natural Gas Electric Propane Oil Wood Other: _____

Is this interruptible service? Yes No

Name and address of Secondary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Electric Utility Provider: _____

Electric Account Number: _____

Customer Authorization for Release of Fuel/Energy Bills (for past 2 years and next 2 years)

To Fuel and Electric Suppliers listed on this form:

I hereby authorize release of information on my fuel bills, both past and future, to _____ or its designee. I understand that this information is being made available to help evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the Weatherization Assistance Program.

Customer signature: _____ Date: _____

Note: If there are other suppliers that provide you with fuel or energy or with which you have a service maintenance contract, please include their information on reverse (names and addresses, the fuel or energy service(s) provided, and your account number(s) with those suppliers), so that the Agency can also contact them for your past and future fuel bills.