



How did you learn about this Energy Efficiency Program?

- Advertisement
 Internet Search
 Mailer
 Video
 Tradeshow/Event
 Word of Mouth
 Radio
 Contractor
 Other _____

FUEL RELEASE AUTHORIZATION FORM

Property Information

Property Name			
Property Address	City	State	Zip
Contact Name	Contact Phone	Contact E-mail	
Designated Representative for Info Release	Contact Phone	Contact E-mail	

Energy Provider Information

Electric	Electric Utility Company	Account Number		
Account Name	Account Mailing Address (if different from above)	City	State	Zip
Other account numbers associated with this facility: (Additional space is provided on page two of this form to include other locations.) _____				

Natural Gas	Natural Gas Utility Company	Account Number		
Account Name	Account Mailing Address (if different from above)	City	State	Zip
Other account numbers associated with this facility: (Additional space is provided on page two of this form to include other locations.) _____				

Oil Supplier	Oil Supplier Name	Account Number		
Account Name	Account Mailing Address (if different from above)	City	State	Zip
Other <small>Propane, Steam, Chilled Water, Etc.</small>	Energy/Resource Provider	Account Number		
Account Name	Account Mailing Address (if different from above)	City	State	Zip

By signing this form, I hereby authorize New Jersey's Clean Energy Program (NJCEP) or its designated representative, to obtain energy usage data, on my behalf, regarding my facility past and present energy usage for the purpose of benchmarking and/or auditing my facility's energy usage efficiency. This data shall be kept confidential and shall not be shared with any third parties, other than those designated by NJCEP for management of its energy efficiency programs. The data shall not be published or used for any other purpose without my expressed written consent.

Name of Authorized Representative (please print)	Title
Signature	Date

