

* Please complete if Xcel Customer - past or present
AUTHORIZATION FOR ONE-TIME RELEASE OF INFORMATION
(OTHER THAN CUSTOMER ENERGY USAGE DATA)

(1) INFORMATION TO BE RELEASED

The customer requests release of his/her information for the following purpose(s):

- Credit reference (release includes customer name, mailing address, Xcel Energy account number, service address and service dates, service type/s, and credit history details with Xcel Energy)
- Service verification (release includes customer name, mailing address, Xcel Energy account number, service address and dates, and service type/s)
- Lock authorization (release includes property owner name and mailing address, Xcel Energy account number, service address, service type/s, and meter number/s)
- Other (specify): _____

Exclusion: In no case will this form be used to have Xcel Energy release the customer's Social Security Number or any financial account number to a third party.

(2) THIRD PARTY RECIPIENT INFORMATION:

Recipient's name: Viroqua Housing Authority
 Physical/mailling address: 200 Park View Court, Suite 100
 Phone: (608) 637-2626 Fax: (608) 637-8582
 Email: vha@frontiernet.net

CUSTOMER'S CONSENT

Your information is treated as private by Xcel Energy. You are not required to authorize the disclosure of your information to a third party, and your decision not to authorize the disclosure will not affect your utility services. Note that Xcel Energy will have no control over the information disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the recipient maintains the confidentiality of the information or uses it as authorized by you.

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize Xcel Energy to disclose your information as specified in this form.

Until Xcel Energy fulfills your authorized release, you may withdraw consent for release by sending a written request with your name and service address to Xcel Energy at P.O. Box 8 Eau Claire WI 54702 or datarequest@xcelenergy.com.

CUSTOMER ACCOUNT NUMBER (¹⁰⁻13 digit number) _____

SERVICE ADDRESS _____

SIGNATURE OF CUSTOMER OF RECORD _____

PRINTED NAME _____

DATE SIGNED _____

