



Energy Data Release Form

Signing this form authorizes the New York State Energy Research and Development Authority (NYSERDA), and its designated representatives, to access energy billing and consumption data for your facility. Authorization automatically terminates at the end of three years following the execution date of this release.

A. Contact Information

Facility Name _____	Contact Name _____
Address 1 _____	Day Phone (_____) _____
Address 2 _____	Fax (_____) _____
City _____ State _____ Zip _____	E-mail _____

B. Electric

	Electric Utility Company _____	Account Number _____
Account Name _____	If separate account, Electric Delivery Co. Account Number _____	
	Account Mailing Address _____	City _____ State _____ Zip _____

C. Natural Gas

	Natural Gas Utility Company _____	Account Number _____
Account Name _____	If separate account, Gas Delivery Co. Account Number _____	
	Account Mailing Address _____	City _____ State _____ Zip _____

C. Other Energy Provider

	Company Name _____	Account Number _____
Account Name _____	Account Mailing Address _____	
	City _____	State _____ Zip _____

I certify that I am an authorized representative of the facility listed above, and I authorize New York State Energy and Research Development Authority (NYSERDA), and its designated representatives, to access and utilize any and all energy consumption information and data. I understand that this information will be used to evaluate energy use patterns for the purpose of measuring energy performance and determining the potential and actual energy savings resulting from energy efficiency projects for which I may be eligible for NYSEDA technical and financial assistance. I agree to cooperate with activities designed to evaluate program effectiveness, such as responding to questionnaires and allowing on-site inspection and measurement of installed program-supported measures. **I understand that NYSEDA is subject to the NYS Freedom of Information Law, Public Officers law, Article 6, and that NYSEDA cannot guarantee confidentiality of any information submitted.**

I further certify that I have not received, and will not receive, any compensation from the utility company(ies) listed above, for energy efficiency technical assistance or capital improvements, for which NYSEDA has provided financial incentives.

Signature of Authorized Facility Representative _____	Title _____	Date _____
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