

OWNER – DATA RELEASE AUTHORIZATION FORM

Low Carbon Pathways for Multifamily Buildings



Your signature authorizes NYSEDA to access and utilize your past, current, and 120-month future energy/resource billing and consumption information/data so that it can effectively track the performance of your building's energy utilization systems to maximize their potential. Please provide the utility information for all master metered and house meter accounts (heating, domestic hot water, site lighting, office building, cooking gas, etc.), for the property listed.

PROPERTY INFORMATION

Property Name

Property Address

City

State

Zip

Contact Name

Contact Phone

Contact Email

UTILITY INFORMATION

Electric Utility Company

Account Name

POD ID *(NYSEG and RG&E Only)*

Account Number

Account Mailing Address

City

State

Zip

Natural Gas Utility Company

Account Name

POD ID *(NYSEG and RG&E Only)*

Account Number

Account Mailing Address

City

State

Zip

Other Energy Resource Provider

(oil, propane, steam, etc.)

Account Name

Account Number

Account Mailing Address

City

State

Zip

My signature certifies that I am an authorized representative of the property owner and customer listed on this application. I hereby consent and authorize the release of any and all information, including account number(s), and data related to energy and/or natural resource consumption at the above listed property address to representatives of the New York State Energy Research and Development Authority (NYSEDA) and/or its designated representatives for the period beginning two years prior to the application date and ending ten years after program participation. I understand that this information may be subject to disclosure under the Freedom of Information Law (Public Officers Law 87 et seq.) to the extent permitted by law, and that NYSEDA will use this information for the purpose of determining program eligibility, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Signature of Authorized Representative

Date

Print Name

Title

