

**Customer Authorization for Release of
Natural Gas & Electric
Consumption and Cost Information**

Please allow Empire Natural Gas Corporation to review your previous 12-month natural gas & electric consumption. This information can be faxed or mailed to the attention of Alicia Moore. Fax No: 607-656-7854, Mailing Address: 173 Airport Road Greene NY, 13778.

Thank you for your assistance.

Company Name: _____

Contact Name: _____

Phone No: _____

Fax No: _____

Natural Gas Utility Account Number(s), Meter(s), and service locations of each account are required (as shown on your utility Invoice). Please list all information below.

Account Number(s)	Meter No(s)	Service Location(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Electric Utility Account Number(s), Meter No(s), and service locations of each account are required (as shown on your utility invoice). Please list all information below.

Account Number(s)	Meter No(s)	Service Location(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name: _____

Signature: _____

Title: _____

Date: _____