



Hazen Office Dickinson Office
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www.roughriderelectric.com

TO: Roughrider Electric Billing Dept

DATE: _____

RE: Release of Information

I/We authorize _____ to obtain utility data as needed for my electric account at _____. The utility company has my/our permission to release the requested information regarding utility use and/or payments during my/our membership at this location.

_____ By: x _____
Date Consumer Name Account Number