



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