



Utility Account Information Data Release Form

Please return to requestor once complete

REQUESTOR CONTACT INFORMATION					
Contact Person:			Company:		
Phone:	Fax:	Email:			
Address:			Unit #	City	State Zip
TENANT CONTACT INFORMATION					
Contact Person:			Company:		
Phone:	Fax:	Email:			
Address / Physical Location of Utility Meter(s):			Unit #	Orlando	FL Zip
Billing Address:			Unit #	City	State Zip
TIME PERIOD REQUESTED					
From (MM/YYYY):			To (MM/YYYY):		
ELECTRICITY					
Name as listed on bill:		Utility Name:		Utility Account #:	
WATER					
Name as listed on bill:		Utility Name:		Utility Account #:	
NATURAL GAS					
Name as listed on bill:		Utility Name:		Utility Account #:	
AUTHORIZATION TO REVIEW UTILITY ACCOUNT HISTORY					
<p>I hereby authorize the above named requestor and/or their designated representatives to obtain records on demand documenting monthly consumption of energy or water for the accounts listed above. I authorize the release of records for the time period indicated above plus up to one year after today's date. Such data will be used only for the purpose of complying with the City of Orlando's Building Energy & Water Efficiency Strategy (Ordinance 2016-64) and improving the energy efficiency of the building.</p>					
Signature:			Date:		