



*In the Community to Serve**

CONSENT TO DISCLOSE UTILITY ENERGY USAGE INFORMATION

All information requested on this form must be provided for the consent to be valid. If you have questions or require assistance, please contact Cascade Natural Gas Corporation (Cascade). This form may be available from your utility provider in other languages. To obtain a copy in another language, please contact your utility provider.

Cascade Natural Gas Corporation Attn: Customer Support

Mailing Address: PO Box 7608, Boise, ID 83707-1608

Phone: 1-888-522-1130 Email: customerservice@cngc.com Fax: 1-888-649-9912

For additional information, including the utility's privacy policy, visit **www.cngc.com**

TO BE COMPLETED BY THE CUSTOMER

By signing this form, you authorize Cascade to release the customer energy usage information to:

Organization/Trade Name: _____

Contact Person (if available): _____

Physical and Mailing Address: _____

Phone: _____ Email: _____ Fax: _____

This organization will receive the following information:

- The following energy usage information.
 - The date your natural gas meter was read by Cascade Natural Gas Corporation.
 - The number of days in the billing period.
 - The monthly gas energy usage in therms for the specified period. *

Your consent to make available information from the previous _____ months.

*If you have resided at the address less than the amount of time designated above, energy usage will only be provided for the time that you have been the accountholder or a maximum of 36 months.

- Information regarding your participation in energy efficiency or other Cascade programs.

This information will be used to (*check all boxes that apply*):

- Provide you with products or services you requested
- Offer you products or services that may be of interest to you
- Determine your eligibility for an energy program
- Analyze your energy usage
- Other (specify) _____

ENERGY USAGE INFORMATION COLLECTION PERIOD

This consent is valid for a one-time disclosure of energy usage information relating to a single utility account. Cascade will require an original, separate consent form for disclosure of usage information for each utility account.

CUSTOMER DISCLOSURES

***Customer usage information can provide insight into activities within the premises receiving utility service. Cascade may not disclose your customer information except

1. if you authorize the disclosure
2. to contracted agents that perform services on behalf of the utility, or
3. as otherwise permitted or required by laws or regulations. ***

*****You are not required to authorize the disclosure of your information, and your decision not to authorize the disclosure will not affect your utility services. *****

***You may access your standard customer energy usage information from Cascade without any additional charge. ***

***Note that Cascade will have no control over the information disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the recipient maintains the confidentiality of the information or uses the information as authorized by you. Please be advised that you may not be able to control the use or misuse of your information once it has been released. ***

***In addition to the energy usage information described above, the records received by the organization may include other information such as your name; account number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date or base rate bill amount. Cascade will not provide any other information, including Personally Identifiable Information such as your Social Security Number or any financial account number to the organization through this consent form. ***

PLEASE READ THE CUSTOMER DISCLOSURES ABOVE BEFORE SIGNING THIS FORM

By signing this form, you acknowledge and agree that you are the customer of record for this account and that you authorize Cascade to disclose your energy usage information as specified in this form.

APPLICABLE CUSTOMER ACCOUNT NUMBER

SERVICE ADDRESS

PRINTED NAME

SIGNATURE OF CUSTOMER OF RECORD

DATE SIGNED