



## AUTHORIZATION TO RELEASE INFORMATION

### INSTRUCTIONS:

To authorize a third party to receive information regarding the following Alliant Energy utility account, please complete the form below and return by mail or fax to:

Alliant Energy  
P.O. Box 351  
Cedar Rapids, IA 52408-0351  
Fax: 319-786-4623

This request will not be accepted without the signatures of both the Customer and the Third Party.

Alliant Energy Customer Name		
Address		
City	State	Zip
Phone No. (       )		
Alliant Energy Account No.     -     -     -     -		
Address of Account, if different from above:		
City	State	Zip

**Alliant Energy has my permission to share my account information with the person named below:**

Customer Signature	
Date	This authorization expires (date):

### Name of Third Party to Receive Information

Third Party Name		
Mailing Address		
City	State	Zip
Phone No. (       )	Date	
Third Party Signature		
Password		

The Third Party will be required to provide a password before discussing the account. If no password is provided, the Third Party will provide their phone number as indicated above.