



Customer Authorization to Release Information

Account Holder/Customer of Record Information:

Customer Name: _____ SRP Account No: _____

Service Address: _____ City: _____

Home Phone #: (____) _____ Account Password: _____ (If applicable)

I (the SRP account holder/customer of record) authorize SRP to release the information specified below to the authorized person listed on this form. I understand a separate form is needed for each SRP electric service account and each authorized person, if applicable.

Please check the appropriate box:

This authorization to release information to the authorized person listed below shall remain in effect until I close the SRP account or cancel this authorization in writing.

This is a one-time authorization for SRP to release the specified information to the authorized person listed below.

Authorized Person Information:

Name: _____ Phone #: (____) _____

E-mail Address: _____

Mailing Address: _____

Please specify the information you want SRP to release to the authorized person by marking the check boxes:

Provide billing and payment information Enroll or cancel account program participation

Make changes to price plan participation Make changes to the mailing address

Provide a Usage History Letter Provide a Payment History Letter

Signature of Account Holder/Customer of Record (required)

Date (required)

Please return the completed and signed form to:

SRP Research & Communication Services – CUN163
P.O. Box 52025, Phoenix, Arizona 85072-2025

For questions, please telephone SRP at 602-236-8888 between 7 a.m. and 7 p.m., weekdays