

**COMPREHENSIVE ENERGY ASSISTANCE PROGRAM (CEAP)
CUSTOMER RELEASE OF INFORMATION**

Customer Name: _____

Address: _____
 Street City ZIP

Telephone: _____
 Home Work

UTILITY COMPANY INFORMATION

Please provide the name of your utility companies if they apply to you and the account numbers for each

Electric Provider: _____ **Account Number:** _____

Gas Provider: _____ **Account Number:** _____

Propane Provider: _____ **Account Number:** _____

“I authorize the Texas Department of Housing and Community Affairs, the City of Lubbock and its contracted agencies to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data. **By signing this authorization I also release, acquit and forever discharge the City of Lubbock from any and claims, demands, damages, attorney’s fees, costs, causes of action of whatsoever kind of nature, whether statutory provided or otherwise, arising out of any intentional or negligent misuse or theft of my energy/utility information by the City of Lubbock or its contracted agencies.**”

Participants Signature

Date