



**Authorization to Release Information**

To authorize a third party to receive information regarding the following Alliant Energy utility account, please complete the form below and return it to 4902 N Biltmore Ln, Madison WI 53718 or fax to 608-458-0100. **This request will not be accepted without the signature of both the customer and the third party.**

Alliant Energy  
Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Alliant Energy Account Number \_\_\_\_\_

Address of Account, if different from above:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alliant Energy *has my permission to share my account information with the person name below.*

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_ This authorization expires \_\_\_\_\_  
Date

\*\*\*\*\*

**Name of Third Party to Receive Information**

Third Party Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ 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.