Corridor Energy Cooperative

CORRIDOR ENERGY COOPERATIVE MEMBER USAGE AUTHORIZATION FORM

Please complete and sign this form to authorize Corridor Energy Cooperative to provide the Authorized Representative listed below with usage data for the service address(es) listed below. Form must be fully completed. ***Charges may apply for special requests, including more than 12-months of usage.***

Data Provided: 12-months of monthly billed amount, monthly kWh, monthly peak kW (15- minute interval data)
If member has been at service address less than 12-months, Corridor Energy Cooperative will only provide data for months the current member has been at the service address.

Electric: ☐ Monthly Usage and Billed Amounts ☐ 15-Minute Interval Usage Data

Time Periord: Standard 12-Months of Data

Reason for Request: _____

Other Requests: _____

Member Information			
Member Name			
Service Address			
Account Number (s)			
Phone Number			
Email Address			
Signature		**Date**	
Authorized Representative			
Third Party Company			
Contact Person			
Address			
Phone Number			
Email Address			
Signature		**Date**	

The signed authorization request form can be emailed to msforms@corridorenergy.coop

Or Mail to:

Corridor Energy Cooperative
C/O Member Services
P.O. Box 69 Marion, IA 52302
Fax: 319-377-5875