THE DEMBY GROUP!
AN ENERGY SERVICES COMPANY

FUEL INFORMATION RELEASE FORM

Applicant's Name: _____
City, _____State, _____ Zip, _____ County,
_____
Telephone Number: _____

HEATING FUEL SUPPLIER:
Name: Name: _____
Bill to: _____
Account #: _____

ELECTRIC SUPPLIER:
Name: Name: _____
Bill to: _____
Account #: _____

I hereby authorize the above energy providers to release information on my fuel bills to the
The Demby Group LLC , J.R. Demby President
785-979-1950 Ofc **FAX # 785-749-1115**

I understand that this information will be used only to provide data for the above named, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Client Signature Date

_____