

City of Virginia, Minnesota  
Virginia Department of Public Utilities  
P.O. Box 1048  
618 Second Street South  
Virginia, MN 55792  
218-748-7540 Phone  
218-748-7544 Fax

## RELEASE OF UTILITY INFORMATION

In order for the Virginia Department of Public Utilities to discuss your account with someone other than you or your spouse, (such as a friend, relative, church group, or community agency) you need to sign this *Release*. The party named is not responsible for the payment of your bill, but will allow our Department to discuss your account with the party named on the *Release*.

If you want another party to be able to discuss your account with us, please complete this form and return it to the attention of the *Supervisor - Public Relations / Customer Service* at the address shown above.

This request will remain in effect on this account until you provide written notification to this Department to remove it from this account.

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Date: \_\_\_\_\_

Utility Account No: \_\_\_\_\_  
(complete one form for each account)

Customer Name: (please print) \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different)

Driver's License or Minnesota ID #: \_\_\_\_\_

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By signing below I verify that I am the Customer responsible for payment of the charges on the above account and give my permission to the Virginia Department of Public Utilities to discuss any and all activity on my account and utility use to the following:

(check all that apply)

- Arrowhead Economic Opportunity Agency - energy assistance and weatherization programs
- Legal Aid of Northeastern Minnesota
- St. Louis County Social Services
- Salvation Army
- Salvation Army HeatShare Program Coordinators
- United Way of Northeastern Minnesota
- Lutheran Social Services
- Other: (please specify) \_\_\_\_\_

(If individual, please provide name.)

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Customer Signature

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Date Signed

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*For DPU office use only*

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_