



# LINN COUNTY REC MEMBER USAGE AUTHORIZATION FORM

Please complete and sign this form to authorize Linn County REC 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.

**Data Provided: 12-months of monthly billed amount, monthly kWh, monthly peak kW (15-interval data)**

If member has been at service address less than 12-months, Linn County REC will only provide data for months the current member has been at the service address.

Duration of Authorization:                                  1 Time                                  1-Year

Reason for Request \_\_\_\_\_

**Member Information**

Member Name			
Service Address			
Account Number (s)			
Phone Number			
Email Address			
<b>Signature</b>		<b>Date</b>	

**Authorized Representative**

Third Party Company			
Contact Person			
Address			
Phone Number			
Email Address			
<b>Signature</b>		<b>Date</b>	

The signed authorization request form can be emailed to [msforms@linncountyrec.com](mailto:msforms@linncountyrec.com) or mail to:

Linn County REC  
C/O Member Services  
P.O. Box 69 Marion, IA 52302  
Fax: 319-377-5875