

AUTHORIZATION FOR RELEASE OF INFORMATION

HISTORICAL CUSTOMER USAGE INFORMATION

CUSTOMER NAME, and title if applicable _____ SERVICE ADDRESS (HUD Requirement) _____

COMPANY NAME, if applicable _____ CUSTOMER PHONE NUMBER _____

CUSTOMER EMAIL ADDRESS _____

I authorize the following third party to request and receive billing and usage history data as defined below.

THIRD PARTY CONTACT NAME _____ (Required) _____ THIRD PARTY EMAIL ADDRESS _____

COMPANY NAME, if applicable _____ THIRD PARTY PHONE NUMBER _____

MidAmerican Energy Company is authorized to provide customer data at the request of the authorized third party. I understand that some data may not be available and that charges may apply for special requests. These charges will be billed to the requestor. Authorization is limited to the account numbers, usage and time period selected below:

ACCOUNT SPECIFIC REQUESTS:

- Electric: Usage Only Amounts Billed
- Lighting: Usage Only Amounts Billed
- Gas: Usage Only Amounts Billed
- Previous 12 Months: Previous 24 Months:
- Specify Period (not to exceed previous 60 months) _____

Provide account number(s) below. Include meter number(s) if you do not want all meters for a specific service type.

Account Number: _____
 Meter Number: _____
 Meter Number: _____
 Account Number: _____
 Meter Number: _____
 Meter Number: _____

Note: Check if additional accounts are attached to this authorization

AGGREGATE DATA REQUESTS:

- Electric: Usage Only Amounts Billed
- Lighting: Usage Only Amounts Billed
- Gas: Usage Only Amounts Billed
- Previous 12 Months: Previous 24 Months:
- Specify Period (not to exceed previous 36 months) _____

Aggregated data is available to the customer of record or authorized party. All other requests require a minimum of four account holder names or authorization from each account holder.

Note: Check if additional addresses are attached to this authorization

The signed authorization form and requests can be emailed to BillingHistoricalRequests@MidAmerican.com, or faxed to:

MidAmerican Energy Company
 Attn: Billing History Request
 Fax: (563) 333-8364

Select an expiration date below (Only a one-time authorization will be honored if more than one box is selected)

One Time Authorization Expires upon notification from customer Expires: _____/_____/_____

I acknowledge that I am an officer of the company named above, or the customer of record, and have authority to authorize release of usage history information.

Customer Signature: _____ Date: _____
 (Required) (Required)