



**AUTHORIZATION FOR RELEASE OF INFORMATION
HISTORICAL CUSTOMER USAGE INFORMATION**

CUSTOMER NAME, and title if applicable

CUSTOMER PHONE NUMBER

CUSTOMER EMAIL ADDRESS

COMPANY NAME, if applicable

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

THIRD PARTY CONTACT NAME

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:

Electric: Usage Only Usage and Billed Amounts

Lighting: Usage Only Usage and Billed Amounts

Gas: Usage Only Usage and Billed Amounts

Time Period: Previous 12 Months Previous 24 Months Other ____ (not to exceed previous 60 months)

All meters for the service and account number selected will be provided unless a specific meter number is requested.

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

See attached account and meter number listing: _____ (Check if applicable)

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) 336-3564

Select an expiration date below (Only a one time authorization will be honored if nothing is selected)

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

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