

## AUTHORIZATION TO RELEASE INFORMATION AND CONDUCT ACTIVITY

In order to delegate authority to create or manage a MidAmerican Energy Company utility account, the authorizing party must complete this form. If the authorizing party is a business, the form must be completed by an authorized employee who may act on behalf of the business. The authorizing party may designate an appointee to receive information or transact business on behalf of the authorizing party and must specify what information the appointee is entitled to receive, what if any act(s) the appointee may transact on behalf of the authorizing party and whether the authorization is being provided on a one-time basis or on a longer-term basis. This form must be completed in its entirety and signed by the authorizing party or by an authorized employee of the business. It is MidAmerican Energy's desire to permit appointees to transact necessary business in a manner without jeopardizing the confidential nature of the authorizing party.

Completed forms mailed to: ATTN Support Services  
MidAmerican Energy Company  
P.O. Box 4350  
Davenport, IA 52808-4350  
Fax: 563-336-3568  
E-mail: OnlineCustomerService@midamerican.com

Upon receipt and review of the completed form, the designated account(s) will be noted with the appropriate authorization provided. This form is to be utilized for the granting of authorization only, and the appointee is responsible for contacting MidAmerican Energy to create an account, complete any transaction, or request any information.

## Section 1 (Complete all five sections)

**If you are an Individual:**

I, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Individual Name/Authorizing Party SSN Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip

**Do hereby authorize**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name of Appointee(s) or Business Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip

**If you are a business:**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Name/Authorizing Party Tax ID Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Name of Officer Completing Form Title

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip

**Do hereby authorize**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name of Appointee(s) or Business Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip

**By checking this box I authorize all employees of the business named above**

*Employees of the authorized business above requesting to do business must acknowledge they are a representative of and authorized to perform on behalf of the business, as well as provide the tax ID for the authorizing party.*

**Section 2 Accounts included in this authorization (check one box only):**

*If no box is selected the authorization will apply to the current, most recent active account.*

- All accounts in my name (Includes past, present and future accounts, as of the Effective Date in Section 4)
- Specified account number(s) or addresses (if additional space is needed, attach on a separate sheet):

Account Number(s)

Service Address

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**Section 3 The Authorized party is allowed to conduct the following actions:**

Unrestricted and Unlimited – all activity and transactions including creating an account, completing any transaction, or requesting any information.

or

Restricted/Limited – activity or transactions (check any or all below that apply)

- Receive bills and remit payments only
- Receive account balance
- Establish payment arrangements
- Establish/maintain budget billing
- Receive credit and billing history
- Request rate analysis and rate changes
- Request connection and disconnection of services
- Meter usage history, including special metering, interval usage and other meter usage data
- Establish a billable account/customer profile in my name
- Other \_\_\_\_\_

**Section 4 The authorized party can receive account information and/or conduct business as indicated above:**

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

*If no time period is specified, the authorization will be effective from the date of signature below.*

**Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

*If no time period is specified, the authorization will be honored as having no expiration date.*

**Section 5**

I understand that by reason of this authorization, the named appointee may conduct the designated activity and transactions on the account(s) that I, as authorizing party, may direct or perform, including establishing a new billable account and customer profile, even though I remain responsible for all payment and other service obligations. This authorization shall continue in effect until the date specified unless earlier terminated by me, authorizing party.

**Utility Release:** Authorizing Party hereby releases **MidAmerican Energy Company**, its employees, officers and agents from any and all liability associated with the dissemination and use of such utility account information and authorization.

PRINT CUSTOMER NAME

CUSTOMER SIGNATURE

Executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
MONTH YEAR

*Signatory acknowledges they are an officer of, or they are the customer of record, and have the authority to authorize the party in Section 1. MidAmerican Energy accepts both written and electronic signatures. Electronic signatures are subject to the provisions of the electronic signature law of the state the customer resides.*