



# Attachment C: Washington Gas Authorization Release

**Washington Gas Authorization to Release Customer Usage  
Information to the DC Sustainable Energy Utility (DCSEU)**

Direct all questions for this authorization to the DCSEU  
at [electrify@dcseu.com](mailto:electrify@dcseu.com) or by calling 202-479-2222

## Customer Information:

**\*FIELD REQUIRED**

\*Customer Name:  \*Company Name:

Contact Person (If applicable):

\*Mailing Address:

\*City:  \*State:  \*Zip Code:

\*Email:  \*Phone Number: (  )

**\*Washington Gas Utility Account Number(s):**

*Insert each account number in a separate single line*

**\*Service Address(es):**

*Insert each address in a separate single line format: [Street Address, City, State, Zip Code]*

## Authorization to Release:

**\*FIELD REQUIRED**

I, the above-referenced Customer, hereby affirmatively consent to Washington Gas disclosing my energy usage (therms) in csv format to the DCSEU. This authorization shall include my usage for a period starting three years prior to the date of my signature below, and will remain in effect for a period of three additional years from my signature date.

By signing this authorization, I affirm that I have the authority to make and sign this request on behalf of the Customer for all Account Numbers that are associated with this request.

\*Signature of Customer(s)/Authorized Representative:

\*Printed Name of Customer(s)/Authorized Representative:

\*Title:  \*Date:

**For Internal Use Only:**

Please return this form to: