



AUTHORIZATION TO RELEASE INFORMATION

INSTRUCTIONS:

To authorize a third party to receive information regarding the following Alliant Energy utility account, please complete the form below and return by email to: customer@alliantenergy.com OR mail to Alliant Energy, P.O. Box 351, Cedar Rapids, IA 52406

This request will not be accepted without the signatures of both the Customer and the Third Party.

Alliant Energy Customer Name		
Address		
City	State	Zip
Phone No. ()	Customer Email Address	
Alliant Energy Account No.		
Address of Account, if different from above:		
City	State	Zip

Alliant Energy has my permission to share my account information with the person named below:

Customer Signature	
Date	This authorization expires (date):

Name of Third Party to Receive Information

Third Party Name		
Mailing Address		
City	State	Zip
Phone No. ()	Third Party Email Address	
Third Party Signature		Date

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