



Wisconsin Public Service Corporation

700 North Adams Street

P.O. Box 19001

Green Bay, WI 54307-9001

www.wisconsinpublicservice.com

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____ give permission to Wisconsin Public Service (WPS)
(customer of record)

to furnish _____
(name of person/organization receiving disclosure)

the following specific information regarding my home energy:

- Electric and/or Gas Consumption
- Billing and Payment History

This authorization will expire on _____.
(Date)

(Signature of Customer of Record)

(Date)

(Signature of Witness)

(Date)