



Authorization to Release Information

EPCOR is committed to protecting your information. For this reason, we require your consent prior to disclosing your records to any third party. To ensure your request is processed efficiently, please provide the following information and sign the authorization below (please print clearly). Scan and return this completed form to infoaccess@epcor.com or by fax to 780 441-7118.

PROPERTY OWNER INFORMATION

Name:	
Address of Property:	
Telephone Number:	
Email Address:	
Information You Would Like EPCOR to Provide:	
This consent is valid until (please specify date):	

AUTHORIZATION

I/we the undersigned, hereby authorize and direct EPCOR to release the information identified above to the party or parties specified below. I/we acknowledge and agree that EPCOR has no control over, and shall bear no responsibility or liability, for the actions of a third party with respect to records released by EPCOR in accordance with this consent form.	
Name of Individual, Organization or Company:	
Mailing Address:	
Telephone Number:	
Email Address:	

Signed By _____
Signature of Property Owner _____ Date _____