

FUEL RELEASE FORM

Job Number: _____

I, _____, hereby authorize the release of all information pertaining to my fuel bills, both past and future to the following agency:

Southeast Tennessee Human Resource Agency, or designee.

Address of Residence: _____

Fuel Supplier Name and Address: _____

I understand that this information will be used only to provide data for the Low Income Weatherization Assistance Program (WAP) and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Applicant Signature: _____

Date: _____

Agency Staff: _____

Date: _____

If the energy bill for the residence is not in the applicant's name, the person whose name is on the account must also sign.

Name on the Account: _____

Signature: _____

Date: _____