Customer Consent for Non-Residential Accounts

(To Release Idaho Power Customer Account Information)



Signed: Relationship to Business:			
Signed:			
Print Name.			Date:
PHILLINGHIE.	Customer of Record		
Print Name:			Date:
List additional accou	nts which you are authorizing the release of	nformation on page 2.	
	Account Number:		
	_		
	Service Location:		
	D 11 0 1 10 11 11 1 (0011)		
Employer Identif	cation Number (EIN) or Last Four Digits		
	Name on the Idaho Power Account:		
Information may be	released on the following account:		
Address:			
Name:			
	rrangements or request any transactions be made or y be released to the following person(s) or re		owing organization(s):
(Please no	te: this authorization is for the release of account in	ormation only. It does not	authorize the third party to make
Ser	etrical Usage gation Information dit Information vice Location / Address er:		
Irrig	trical Heaga		

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Mail authorization to: Idaho Power, Customer Service Center, P.O. Box 70, Boise, Idaho 83707 or fax to 208-388-6919

List additional accounts below:

Account Number Service Address				