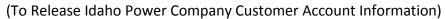
Customer Consent for Residential Accounts





□ Floctrical Usago	
Electrical UsageCredit Information	
Service Location / Address	
Other:	
(Please note: this authorization is for the release of account informat	
payment arrangements or request any transactions be made on the	·
his information may be released to the following person(s) or repr	esentative of the following organization(s):
Name:	
Address:	
Information may be released on the following account:	
Name on the Idaho Power Account:	
Last four digits of SSN: Customer of Record's Social Security Number	
Service Location:	
Scrvice Education.	
Account Number:	
List additional accounts which you are authorizing the release of i	nformation on page 2
Print Name:	Date:
Signature:	Date:
This authorization is valid until: (Date	

This authorization is valid for a maximum of 12 months from the date the authorization is received.

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

List additional accounts below:

Account Number	Premise Address