



PO Box 729, Bastrop, Texas 78602

Phone 800-842-7708/ Fax 512-321-3053

**MEMBER'S CONSENT TO RELEASE ELECTRIC SERVICE
BILLING AND USAGE HISTORY TO ENERGY ASSISTANCE AGENCY**

Energy Assistance Agency: _____

Applicant Name (If different from Member): _____

Member's Service Address: _____

Member's Mailing Address (If different from Service Address): _____

Member's Home Number: _____ Member's Cell Number: _____

Bluebonnet Electric Account Number: _____

This form must be signed by Member to allow Bluebonnet to provide information to the Energy Assistance Agency named above.

I authorize Bluebonnet Electric Cooperative to provide 12 months of billing and usage history, or available history plus monthly estimates if less than 12 months of billing history and usage is available, to the Energy Assistance Agency named above.

Member Name (Please Print): _____

Member Signature: _____

Date of Consent: _____ Date of Expiration: _____

Qualifications pursuant to this form does not guarantee an uninterrupted electric service. If uninterrupted electric service is a necessity, you may need to make other arrangements.

This document is valid for one (1) year from the Date of Consent shown above
Questions about this form can be directed to Bluebonnet Member Services at 800-842-7708