

App Key Number: \_\_\_\_\_

### Utility/Fuel Account Information Request

Applicant name:			Application date:		
Address:			Phone:		
City:	State: <b>IN</b>	Zip:	Utility/fuel provider:		

The requesting agency listed below has obtained a signed release of information from the above-named applicant authorizing the release of this information in accordance with the Memorandum of Agreement.

### To be Completed by Utility/Fuel Provider ONLY

Utility/fuel type:	<input type="checkbox"/> Electric <input type="checkbox"/> Prepaid Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other: _____		
Billing name:			
Service/Delivery Address:			
Account Number:			
Account type:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Single-site or multi-site account?	<input type="checkbox"/> Single site <input type="checkbox"/> Multi-site
Total amount due/account balance as of application date above:		Is any portion of balance a deposit or other unallowable cost? If yes, amount of unallowable costs?	<input type="checkbox"/> No  <input type="checkbox"/> Yes: _____
Is the account scheduled for disconnection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, scheduled disconnection date and amount needed to cancel disconnection?	Date: _____  Amount: _____
Is the account enrolled in a payment plan to mitigate an arrearage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the remaining agreement balance <b>as of the application date above</b> ?	Amount: _____

### All Contact Information for utility/fuel provider representative REQUIRED

Printed name of individual completing form:	Job title of individual completing form:
Signature of individual completing form:	Date:
Business telephone/extension:	Business e-mail:

**Please return this completed form to the requesting agency:** \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ or Fax number: \_\_\_\_\_