

Release of Information Form Monthly Billing History



Return completed form to:
 Turlock Irrigation District
 Attn: Consumer Programs
 P O Box 949
 Turlock, CA 95381
 solar@tid.org
 Fax: 209-656-2194

TID Customer Information (Please print using blue or black ink)	
Customer Name (as appears on TID bill)	Contact Phone Number
Mailing Address	City, State Zip Code
E-mail Address	Send Copy to Customer (check one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> None

TID Account Information (Complete one line per service)		
TID Account Number	Installation Address	City
TID Account Number	Installation Address	City
TID Account Number	Installation Address	City
TID Account Number	Installation Address	City
TID Account Number	Installation Address	City
Billing History <input type="checkbox"/> 24-Month History <input type="checkbox"/> 36-Month History	Other (Please detail)	

Contractor / Vendor Information		
Contractor Name	Business Phone Number	
Mailing Address	City, State Zip Code	
Representative Name	Representative Title	Representative Phone Number
E-mail Address	Fax Number	Send Copy to Contractor (Check one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax

The execution of this form authorizes the release of billing history information and may include any of the following: Customer Name; Account Number; Service Address Information; Rate; Statement Dates; Service Dates; kWh Usage; kW Usage and Bill Amounts.		
Customer Signature	Date	
Print Customer Name	Title (if not owner)	California Driver's License Number