



RELEASE OF INFORMATION FORM

Historical Billing / Energy Usage

RETURN COMPLETED FORM TO:

Turlock Irrigation District
Attn: Customer Service
P.O. Box 949
Turlock, CA 95381
customerservice@tid.org

TID CUSTOMER INFORMATION (PLEASE PRINT USING BLUE OR BLACK INK)

Name of Customer (as it appears on TID Bill)

TID Account Number

Address

Contact Phone Number

City/State/Zip

E-mail Address

Send Copy to Customer (check one) ☐ E-mail ☐ Mail ☐ None

TID ACCOUNT INFORMATION (COMPLETE ONE LINE PER SERVICE)

Address: _____

Meter #: _____ Interval Data: ☐ kWh Billing History: ☐ kW

Start Date: _____ ☐ kWh ☐ kW

End Date: _____ ☐ Billed Dollars

Address: _____

Meter #: _____ Interval Data: ☐ kWh Billing History: ☐ kW

Start Date: _____ ☐ kWh ☐ kW

End Date: _____ ☐ Billed Dollars

Address: _____

Meter #: _____ Interval Data: ☐ kWh Billing History: ☐ kW

Start Date: _____ ☐ kWh ☐ kW

End Date: _____ ☐ Billed Dollars

Address: _____

Meter #: _____ Interval Data: ☐ kWh Billing History: ☐ kW

Start Date: _____ ☐ kWh ☐ kW

End Date: _____ ☐ Billed Dollars

ADDITIONAL INFORMATION

CONTRACTOR / VENDOR INFORMATION

Business Name

Business Phone Number

Mailing Address

City/State/Zip

Representative Name

Representative Title

Representative Phone Number

E-Mail Address

THE EXECUTION OF THIS FORM AUTHORIZES THE RELEASE OF REQUESTED INFORMATION AND MAY INCLUDE ANY OF THE FOLLOWING: CUSTOMER NAME; ACCOUNT NUMBER; SERVICE ADDRESS INFORMATION; RATE(S); STATEMENT DATES; SERVICE DATES; KWH USAGE; KW USAGE AND BILL AMOUNTS.

Customer Signature

Date

Print Customer Name

Title (If not owner)

CA Drivers License #(Last 4 Digits) or
ID # Associated with Account