



Consent to Disclose Utility Customer Data

All requested information must be provided for the consent to be valid.

Utility Provider: City of Aspen Utilities Department

Mailing and Physical address: 427 Rio Grande Place, Aspen, CO 81611

Phone 970-920-5030 Email utilities@aspen.gov

To be completed by the utility customer:

By signing this form, you allow your utility to give the following information to:

Organization/Property Manager/Owner _____

Contact name (if available) _____

Physical and mailing address _____

Phone: _____ Email: _____

The Organization/Property Manager/Owner mentioned above will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):

- Electric Water

This information will be used for:

- Provide account and property information to water and electric permit applicants
- Analyze your energy usage for Building IQ
- Other (specify) _____

DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is from / / and will:

- end on / /
- be effective until terminated by you.

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

CUSTOMER DISCLOSURE INFORMATION

Customer data can provide insight into activities within the premises receiving utility service. Your utility may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the data recipient maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.

In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide any other information, including personally identifiable information, such as your Social Security Number or any financial account number, to the data recipient through this consent form.

PLEASE READ THE CUSTOMER DISCLOSURES ABOVE

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

Customer account number(s):

Service address: _____

Date when customer started service at Service Address: _____

Printed name: _____

Signature of customer of record: _____ Date signed: _____

If this request is for **compliance with the City of Aspen Building IQ Program**, and the service address meets the aggregate threshold pursuant to the City of Aspen Municipal Code, section 8.60.020, by signing this form you, the owner of the covered property, acknowledge and agree that you are the owner of the subject property, and that said property is serviced by four (4) or more meters. You hereby authorize the utility service provider to disclose aggregate data in a manner that cannot be used to identify any individual meter usage, and will not disclose or use this information other than for purposes of compliance with the Building IQ program:

Service address _____

Date when owner obtained the property: _____

Printed name: _____

Signature of owner of record or Authorized Agent: _____ Date signed: _____