



301 Main Ave S. ~ PO Box 227 ~ Bigfork, MN 56628-0227
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Customer Authorization to Release Information

Account Holder / Customer of Record Information

Customer Name: _____ Electric Account No: _____

Service Address: _____

City, State, Zip _____

Phone Number: _____

I do hereby authorize NIECI to release information on my electric account to the authorized person listed on this form.

This authorization to release information to the person listed below shall remain in effect until I close the electric account **OR** cancel this authorization in writing.

Authorized Persons Information

Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Signature Of Account Holder: _____

Date: _____

Please return the completed and signed form to:

North Itasca Electric Cooperative, Inc
301 Main Ave, PO Box 227
Bigfork, MN 56628-0227