

Authorization to Release Personal Information

Name of Owner: (Should read the same as how it is written on your check.)

First: _____

Middle: _____

Last: _____

Last 6 numbers of your Social Security Number: XXX-____ _

Owner No.: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone No.: _____

Who are you giving permission to receive information from H.G. Energy, LLC on your behalf?

Name:

First: _____

Middle: _____

Last: _____

Address: _____

City: _____

State _____ Zip: _____

Relation to Owner: _____

Phone No: _____

What information does the owner want to be released by H.G. Energy, LLC?

Is there any information the owner would NOT like to be released by H.G. Energy, LLC?

When does this Personal Information Release expire? _____

Printed Name of Owner

Signature of Owner

Date