LAKELAND POWER CO-OP

CONSENT TO RELEASE INFORMATION & AGENT AUTHORIZATION FORM

Customer or Company Name: _____

Contact Name: _____

Phone Number: _____ **Email:** _____

The Customer named above (the "Customer") is the Lakeland Power Co-op account site owner, owner of customer facilities at the below location, or registered owner of the following property (the "Site"):

Site Address or Legal Land Description: _____

Site ID (if applicable): _____

Check below as applicable:

☐ The Customer provides consent to the below-named Third-Party Company, its employees, consultants, contractors and agents (the "Third Party"), to obtain Customer-related account information ("Customer Information") regarding the Lakeland Power Co-op account at the above-noted Site.

☐ The Customer hereby authorizes the below-named Third Party, to act as an authorized agent on its behalf on all matters pertaining to the electric service application with Lakeland power Co-op for the above-noted Site.

Third Party Company Name: _____

Contact Name: _____

Phone Number: _____ **Email:** _____

Unless advised by the Customer in writing the timeframe respecting this authorization shall be for two (2) years from the date of this authorization.

The Customer understands that this authorization may be revoked by the Customer at any time by providing written notice to Lakeland Power Co-op.

Authorized Signature of Customer: _____

Print Name: _____

Title: _____

Date: _____