

## New North Carolina Project's HVAC & Weatherization Assistance Program

## Utility Authorization Release Form

Name:		Phone Number
Address:		_ Last 4 Digits of Social Security #:
		□ DEC or □ DEP
Utility Acc	ount #:	-
information information		ke Energy Carolina to release any age to <b>New North Carolina Project</b> . This ly be used to verify energy usage and
Applicant S	Signature	Date