RELEASE OF UTILITY CUSTOMER ACCOUNT INFORMATION

CONSENT TO THE RELEASE OF UTILITY INFORMATION:

- I hereby authorize the GUAM POWER AUTHORITY to release the requested utility account information to the Guam Department of Administration (DOA), its employees, contractors, and assignees.
- I understand that my utility information will be used to determine my qualification and/or financial assistance under the *Emergency Rental Assistance* (ERA) program, a grant by the U.S. Department of Treasury administered by DOA.
- Information obtained under this consent is limited to utility charges, payments, payment plans, and consumption for the address (premise) provided below for utility service provided and/or billed beginning March 1, 2020 and through the ERA program eligibility period.

I understand that this consent is optional. I may provide my utility account information directly to DOA and that the
information I provide is subject to verification by DOA & GPA.

			GAA	Guam Power Authority Aturidåt llektresedåt Guahan MY ENERGY STATEN	AENT.	SAMPLE JOHN Q 1 PASEO CIRCLE HAGATIA, GU 98932-2134		
GPA SERVICE LO	CATION (Premise)		BALANCE	ON AMOUNT PLEA ARREST				
OI / OLIVIOL LO	over (i ronnos)		MEWOUS STAT	ORDER 1	0.00 \$100		\$310.00	
Address		_ (SERVICE II Account Num Primary Name Service Local Bill Date:			ENERGY Sense	TIP	
Village			Due Date:	UPON RECEPT	coling year more- tips mile could be a Assays ensemi and warp to his in Assays constitution when recommend from the could form the could	unity war time deep to the mey does a did at a very cold by an all conting way perform and which ge some on the all segments the the formation of put with a variety and seep to the mental surpage, once the first 7-77 to a continued some moved the verification from conti- nuity then accided as thinks of an unational commonly with recounty. I may be with their conderner and other parts does.		
GPA ACCOUNT HO	OLDER INFORMATION		Read Date 00000000 Billing Period 00002000 - 00		energy usage s Rdg Multiplier 2000.00 1	residential account at myenery b. For GPA EZ-Pay by Phone, ples Consumption Unit 0000.000 KNIH Quantity x Rate	Days AveDty 33 000.00 Amount	
Name (Last, First, MI)		_		Monthly Customer Charge Energy Charge (First 500 is Energy Charge (Over 500 is Fuel Recovery Charge Emergency Water-well/Var Current Period Statement	Vith) stervister Charge (Over 50	000.00 x \$0.000 000.00 x \$0.000 000.00 x \$0.000 000.00 x \$0.000	0 \$ XXX.XX 0 \$ XXX.XX	
Account #	Contact/Telephone #	_						
Check one: ☐ I am the primary account holder		Residential Account Type - Check one: □ Pre-Paid □ Post-Paid						
I understand that GPA i	may contact me regarding this requ	est.						
x								
Signature of Account Holder			Date					
GPA USE ONLY:				DOA USE ONLY:				
☐ Acct Info Verified	RECEIVED (Date/Time):							
☐ Sent to DOA	☐ Hard Copy ☐ E-Copy							
Date:								

