

Iowa Lakes Electric Cooperative

Billing Information Release Form

Member Name: _____ Account # _____

Billing Period From: _____ to _____

I give representatives of Iowa Lakes Electric Cooperative permission to forward the billing information associated with the account listed above to:

Name: _____

Organization: _____

Phone Number: _____

Email: _____

Member Signature _____

Signed form can be faxed to: 712 362 2819 Attn. Al Zeitz

Or emailed to: aldenz@ilec.coop