Utility Account Release Form

Requestor Contact

☐ Are you a 3rd party requesting aggregated utility account information on behalf of a building owner with their approved consent? If so, you must fill out the “Owner or Owner’s Representative Contact” section.

☐ Are you the building owner or operator requesting aggregated utility account information? If so, please fill out the section immediately below.

Building Owner/Operator: _________________________________
Company: _________________________________
Phone: ___________________________   Fax: __________________________
Email: ______________________________
Address: _____________________________ Unit #: _________________________
City: ________________ State: __________________ Zip code: ________________

Building Owner’s Representative Contact
Contact Person: _________________________________
Name of Building Owner & Company/Building being represented: _________________________________
Employer Identification Number (EIN): ___________________________
Phone: ___________________________   Fax: __________________________
Email: ______________________________

Time Period Requested

From (MM/YYYY): _______________________ To (MM/YYYY): ________________________

Utility

Contact name as listed on bill: _________________________________
Utility Name: _________________________________
Utility Account #: _________________________________

For Ameren Missouri submission, please email this completed form to mybusinessamerenmissouri@ameren.com

For Spire submission, please email this completed form to energyefficiency@spireenergy.com
Complying Building(s) Information
You may submit complying building information in a separate document if you need more space.

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

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City: __________________ State: ________________ Zip code: ________________

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

Address/Physical Location of Building Utility Meter(s):
City: __________________ State: ________________ Zip code: ________________

Authorization to Review Utility Account History
I hereby authorize the above named requestor and/or their designated representatives to obtain the monthly consumption of energy or water for the accounts listed above. I authorize release of records for the time period indicated above plus up to one year after today’s date. Such data will be used only for purposes of complying with the City of St. Louis’s energy benchmarking and transparency ordinance (#70474) and undertaking energy efficiency and energy management projects.

_____________________________________
Signature & Date

_____________________________________
Printed Name