



Authorization for NJHMFA to Receive Customer Utility Data

Date: _____

To Whom It May Concern:

By signing this release form, the tenant (Tenant) grants the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and its designee (a consultant for this initiative) permission to access utility data information for the past two (2) years of and for the following four (4) years from this date for the unit referenced below. Utility data includes energy consumption, energy demand, energy cost as well as associated fees and taxes for each billing period. This information will be used to track energy efficiency and consumption of the building indicated below for the express purpose of measuring the success of past energy upgrades, comparing building performance to similar building types and determining need for future energy efficiency improvements.

I am an authorized representative for the unit and account(s) listed below and represent and warrant that I have authority to execute this release. Tenant understands that the information obtained as part of this initiative may be released by the NJHMFA to other participating developments upon request for comparison purposes. Comparison reports compiled by the NJHMFA for this program and provided to other developments will not include tenant’s information or this development’s name or address. Tenant understands and acknowledges that such information may be subject to release under the Open Public Records Act, N.J.S.A. 47:1A-1 et seq., or other applicable law. Tenant understands that each applicable utility provider reserves the right to verify this authorization request.

Tenant authorizes the Utility to release the requested information on Tenant’s account to the NJHMFA or its designee. Tenant hereby releases, holds harmless, and indemnifies the NJHMFA and Utility from any liability, claims, demands, causes of action, damages, or expenses as a result of, but not limited to: 1) any release of information to NJHMFA or its designee pursuant to this Utility Release; or 2) the unauthorized use of this information by NJHMFA or its designee. Tenant understands that he/she may cancel this authorization at any time by submitting a written request to both the Utility and NJHMFA.

Sincerely,

Authorized Representative (signature)

Please print clearly.

Representative name: _____

Development Name: _____

Building Address: _____

Unit Number: _____ Number of Bedrooms in Unit: _____

Please list utility provider(s) and account number(s):

ELECTRIC UTILITY: _____ ACCOUNT #: _____

GAS UTILITY: _____ ACCOUNT #: _____

*Please mail hard copies of all forms to:
NJHMFA, Attn: Raja Waran
637 S. Clinton Ave.
Trenton, NJ 08650-2085*