minnesota power
AN ALLETE COMPANY

CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

All requested information must be provided for the consent to be valid. This form may be available from Minnesota Power in other languages. To obtain a copy in another language, please contact Minnesota Power.
Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos.

TO BE COMPLETED BY THE DATA RECIPIENT

Utility Name and Contact: **Minnesota Power**
Physical and Mailing Address: 30 West Superior Street, Duluth, MN 55802
Phone: 1-800-228-4966, Fax: 218-355-2770, Email: CustomerService@mnpower.com
For additional information, including Minnesota Power's privacy policy, visit: https://www.mnpower.com/

By signing this form, you allow Minnesota Power to give the following information to:

Organization/Trade Name: _____

Contact Name (if available): _____

Physical and Mailing Address: _____

_____

Phone:_____

This organization will receive the following customer data from Minnesota Power (Check all that apply):

- □ Information from your meter collected by Minnesota Power
- □ Information regarding your participation in Minnesota Power's renewable energy, demand-side management, load management, energy efficiency or other utility programs
- □ Other (specify)_____.

This information will be used to (Check all that apply):

- □ Provide you with products or services you requested from _____
- □ Offer you products or services that may be of interest to you
- □ Determine your eligibility for an energy program developed by _____
- □ Analyze your energy usage
- □ Other (specify):_____.

DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is from____/___/___ and will (Check one option):

- □ end on____/___/____
- □ be effective until terminated by you.

General Nature of Request: _____

You may terminate this consent at any time by sending a written request with your name and service address to Minnesota Power.

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IMPORTANT INFORMATION & DISCLOSURE

- Customer data can provide insight into activities within the premises receiving utility service. Minnesota Power may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations
- You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services provided by Minnesota Power.
- You may access your standard customer data from Minnesota Power without any additional charge.
- Minnesota Power will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the entity to which data is being provided maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.
- In addition to the [Customer Data] described above, the entity to which data is being provided may also receive the following from Minnesota Power: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Minnesota Power will not provide any information other than the data specified to be released via this form, including other Personally Identifiable Information such as your Social Security Number or any financial account number, to the data recipient through this consent form.

TO BE COMPLETED BY THE CUSTOMER

PLEASE READ THE ABOVE IMPORTANT INFORMATION AND DISCLOSURE BEFORE SIGNING THIS FORM

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize Minnesota Power to disclose your customer data as specified in this form.

_____
CUSTOMER ACCOUNT NUMBER/S

_____
SERVICE ADDRESS/ES

_____
PRINTED NAME

_____ _____
SIGNATURE OF CUSTOMER OF RECORD **DATE SIGNED**