

Consumption Request Form

Date:			
Customer Name:	Pho	Phone:	
Address:			
City:	State:	Zip:	
BPUB Account Number			
I authorize BPUB to releas consumption to consumption to be released, and account will require my written authe following E-mail address	I only autho I understand that a thorization. You ma	rize my electric ny other inquirie	es into my
I understand that only the E on the BPUB account will be allov			
Please submit all requests to cust	tomerservice@brov	vnsville-pub.cor	<u>n</u> .
A valid identification must be s	ubmitted along wi	th this form.	
My signature below indicat the information provided above is		ed and confirme	ed that all of
Customer Signature			