



member owned. member driven.

Box 501
600 - 2nd Avenue
Thorhild, AB
T0A 3J0

Consent to Release Information Form

Account Holder Information:

Last Name: _____ First Name: _____

North Parkland Power Account #: _____

Telephone Number: _____

I authorize _____ access the following information about my North Parkland
(Name of Authorized)

Power account until further notice:

_____ Standard Customer Usage Information

_____ Billing Information

_____ Other: Please specify: _____

Account Holder Signature: _____

Account Holder Email: _____

I consent to receive e-communications from North Parkland Power.

Mail, Fax or Email completed form to:
North Parkland Power, PO Box 509 Thorhild AB, T0A 3J0
Fax: 780 398 2025
Email: contact@npprea.ca