

Form #C2

CONSENT FOR THIRD PARTY

Member Name:	
Account Number:	Land Location:
identified by the Account Numl (Battle River Rural <i>Energy</i> Div	ve land location and the individual named on the Utility Account per above (the "Utility Account"), I hereby authorize Frontier Energy rision) to disclose all account information , to the 3 rd party listed coses of administering the Utility Account. All account information
My name and contact i	nformation;
 Credit Card or other fir 	ancial information;
•	Itility Account, including but not limited to amounts owing with count and services provided.
3 rd Party Name:	Phone Number:
Address:	Fax Number:
	Postal Code:
(Please initial the box below if	applicable)
information regarding the Account. I specifically cons collecting personal information	consent to the 3 rd Party changing/adding/deleting any Utility Account for purposes of administering the Utility ent to Frontier Energy (the Battle River Rural <i>Energy</i> Division tion about me, including contact information and financial ty for purposes of administering the Utility Account.
This consent is effective as of	the date below, until further notice.
Member Signature	Date:

Frontier Energy (Battle River Rural *Energy* Division) is committed to meeting the requirements of all privacy legislation. It is a priority to safeguard any information provided by our members. At Frontier Energy (Battle River Rural *Energy* Division), member information is maintained as strictly confidential. Unless you authorize us to release it, or release is required or permitted by law, we will not disclose information about you to third parties.

If you have any questions with respect to this disclosure or collection of your personal information, please contact the Utility Billing Department at 1-877-428-3972.