



**Missoula
Electric
Cooperative inc.**

Your Touchstone Energy® Cooperative 

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1-800-352-5200
www.missoulaelectric.com

RELEASE OF INFORMATION FORM

I, _____, account number _____, the account holder, hereby authorize Missoula Electric Co-op, to release and provide billing information on my account to:

Name: _____

Address: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Dated this _____ day of _____, _____.

By my signature below, I consent to the release of the above listed information/ documents.

Printed Name of Account holder: _____

Signature of Account holder: _____