



**Liberty Utilities (St. Lawrence Gas) Corp.**

I hereby give consent for the Marketer listed below to receive 12 months payment history for my account located at the address listed below.

	<b>Marketer Information</b>
Marketer Name:	
Street Address:	
City:	
Zip Code:	
	<b>Account information as it appears on your invoice</b>
Account Number:	
Customer Name:	
Street Address:	
City/Town:	
	<b>Customer Contact Information</b>
Phone Number:	
E-mail Address:	
	<b>Customer Signature and Date</b>
Customer Signature:	
Date:	

After you fill in the above information print the form, sign and date it, then send it back to Liberty SLG.

By submitting this form, you are authorizing Liberty Utilities (St. Lawrence Gas) Corp. to provide the Marketer with 12 months of payment history. The payment history will be limited to whether or not you had late payments and/or had been disconnected during the past twelve months.