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DIRECTOR OF PUBLIC SAFETY

City of St. Louis  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF BUILDING AND INSPECTION  
TISHAURA O. JONES  
MAYOR



FRANK OSWALD  
BUILDING COMMISSIONER

## Utility Account Release Form

### Requestor Contact

Are you a 3<sup>rd</sup> party requesting aggregated utility account information on behalf of a building owner with their approved consent? *If so, you must fill out the "Owner or Owner's Representative Contact" section.*

Are you the building owner or operator requesting aggregated utility account information? *If so, please fill out the section immediately below.*

Building Owner/Operator: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Building Owner's Representative Contact

Contact Person: \_\_\_\_\_  
Name of Building Owner & Company/Building being represented:

Employer Identification Number (EIN): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Time Period Requested

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

### Utility

Contact name as listed on bill: \_\_\_\_\_  
Utility Name: \_\_\_\_\_  
Utility Account #: \_\_\_\_\_

**For Ameren Missouri submission, please email this completed form to [mybusinessamerenmissouri@ameren.com](mailto:mybusinessamerenmissouri@ameren.com)**

**For Spire submission, please email this completed form to [energyefficiency@spireenergy.com](mailto:energyefficiency@spireenergy.com)**

Complying Building(s) Information

*You may submit complying building information in a separate document if you need more space.*

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Address/Physical Location of Building Utility Meter(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Authorization to Review Utility Account History

I hereby authorize the above named requestor and/or their designated representatives to obtain the monthly consumption of energy or water for the accounts listed above. I authorize release of records for the time period indicated above plus up to one year after today's date. Such data will be used only for purposes of complying with the City of St. Louis's energy benchmarking and transparency ordinance (#70474) and undertaking energy efficiency and energy management projects.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Printed Name