

City of St. Louis

DEPARTMENT OF PUBLIC SAFETY

DIVISION OF BUILDING AND INSPECTION **TISHAURA O. JONES**MAYOR



Utility Account Release Form

Are you a 3rd 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: Cortex Company: Cortex Phone: 314.580.6049	Requestor Contact
Building Owner/Operator: Cortex Company: Cortex Company: Cortex Phone: 314.580.6049 Fax: Email: cautry@cortexstl.org Address: 4240 Duncan Ave, Ste 200 Unit #: City: St. Louis State: MO Zip code: 63110 Suilding Owner's Representative Contact Contact Person: Colleen Autry Name of Building Owner & Company/Building being represented: Cortex Employer Identification Number (EIN): Phone: Fax: Email: Fax: Email: Time Period Requested To (MM/YYYY): 12/2022 Utility Utility	owner with their approved consent? If so, you must fill out the "Owner or Owner's
Company: Cortex Phone: 314.580.6049	
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Address: 4240 Duncan Ave, Ste 200 Unit #: City: St. Louis State: MO Zip code: 63110 Building Owner's Representative Contact Contact Person: Colleen Autry Name of Building Owner & Company/Building being represented: Cortex Employer Identification Number (EIN): Phone: Fax: Email: Time Period Requested From (MM/YYYY): 01/2022 To (MM/YYYY): 12/2022 Utility	Company: Cortex
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Phone:	Name of Building Owner & Company/Building being represented: Cortex
Phone:	Employer Identification Number (EIN):
Time Period Requested From (MM/YYYY): 01/2022 To (MM/YYYY): 12/2022 Utility	Phone: Fax:
From (MM/YYYY): 01/2022 To (MM/YYYY): 12/2022 <u>Utility</u>	Email:
<u>Utility</u>	Time Period Requested
	From (MM/YYYY):To (MM/YYYY):12/2022
Contact name as listed on bill: Cortex	<u>Utility</u>
טוונמטנ וומוזוכ מא וואנכע טוז אווו.	Contact name as listed on hill. Cortex
Utility Name:Ameren/Mo Water	Utility Name: Ameren/Mo Water
Utility Account #:	

For Ameren Missouri submission, please email this completed form to mybusinessamerenmissouri@ameren.com

For Spire submission, please email this completed form to energyefficiency@spireenergy.com

<u>Complying Building(s) Information</u> You may submit complying building information in a separate document if you need more space.

Address/Physi	cal Location of Building Utilit	y Meter(s):
City:	State:	Zip code:
-	cal Location of Building Utilit	
City:	State:	Zip code:
Address/Physi	cal Location of Building Utilit	y Meter(s):
City:	State:	Zip code:
•	cal Location of Building Utilit	
City:	State:	Zip code:
Address/Physi	cal Location of Building Utilit	y Meter(s):
City:	State:	Zip code:
Address/Physi	cal Location of Building Utilit	y Meter(s):
City:	State:	Zip code:
•	cal Location of Building Utilit	• • •
City:	State:	Zip code:
•	cal Location of Building Utilit	
City:	State:	Zip code:
I hereby autho the monthly co records for the be used only for	ensumption of energy or wate time period indicated above or purposes of complying wit	tory stor and/or their designated representatives to obtain or for the accounts listed above. I authorize release of plus up to one year after today's date. Such data will h the City of St. Louis's energy benchmarking and ortaking energy efficiency and energy management
Signature & Da	ate	
Printed Name		