MichroTech.com
Commercial Energy Solutions

Information Release Form

The owner or an employee designated by the owner of the Client organization with the authority to do so shall complete a review of this document prior to the release of Client's private information. The following Client/vendor/employee information will be shared with the Provider, included but not limited to:

Names, street addresses, telephone numbers, email addresses, Federal EIN number, utility account numbers, blueprints, any information received during the identity verification, meter interval / electricity / water / gas use and business and operational data.

I have reviewed the release form information and I hereby authorize the Provider to request these records or information from any public or private entity on our behalf and believe that the private information identified above is that which is minimally necessary to accomplish the business objective, and that the data is being used solely to assess the feasibility of applying the Provider's energy saving program at the Client facilities

Information To Be Released By:	Information To Be Released To:
Client Representative Name (Printed)	Provider Representative Name (Printed)
Title	MichroTech Inc. Provider
Organization Name	2061 NW 2nd Ave #105 Boca Raton FL 33431 Street Address City, State, Zip
Street Address City, State, Zip	1(855)-892-0292 info@MichroTech.com Phone Email
Phone Email	

Client Representative Signature: _____ **Date:** _____