



444 South 16th Street Mall
Omaha, NE 68102-2247

Return completed forms to: Fax: 402-636-3982
Email: customerservice@oppd.com
Mail: Omaha Public Power District
Business Solutions Center
444 South 16th Street Mall
Omaha, NE 68102-2247

Letter of Authorization (LOA)

The undersigned is/are the property owner(s) of _____ (Address*) in _____ (City/State), and are requesting electrical services to be managed in our name through:

**If multiple properties include a list of addresses with this form*

- Third Party Payer** _____ (Name)
Services include payment of billed amounts and changes to customer information as it relates to their billing.
- Energy Consultant** _____ (Name)
Services include research, analysis, consultation, and recommendation to property owner regarding their utility usage.
- Property Management Company** _____ (Name)
Services may include establishment and/or termination of electrical services, payment of billed amounts, and related management duties per the signed property management contract.
- Other - Please detail >** _____ (Name)
Services include _____

I/We authorize the Omaha Public Power District to provide to company named above access to my/our account for associated services. I/We agree to be bound by any decision made by this company with the Omaha Public Power District as if I/we had personally provided said information or entered into said agreement. The party signing this agreement has the authority to bind the property owners. This authorization shall continue until I/we give written notice to the Omaha Public Power District of termination of this relationship.

Property Owner/Company of detailed address(es) _____

Signature & Date _____

Type of Business Corporation Sole Proprietorship Limited Liability Company (LLC)
 Partnership General Partnership Limited Partnership

Federal Tax ID Number/EIN or Social Security Number (if sole owner) _____

Primary Phone _____ Ext _____ Alternate Phone _____ Ext _____

Fax _____ Email _____

OPPDP Bills Should Be Mailed To: Owner/Company Third Party Vendor

Bill Mailing Address _____ City _____ State _____ ZIP _____

OPPDP Account Number(s) _____

This correspondence contains Omaha Public Power District's confidential and proprietary information and is for use only by the intended recipient. If you are not the intended recipient you are notified that disclosing, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Employment with Equal Opportunity