



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

Return completed forms to: Fax: 531-226-3982
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) _____

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Employment with Equal Opportunity