

CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

All requested information must be provided for the consent to be valid. This form may be available from your utility provider in other languages. To obtain a copy in another language, please contact your utility provider. Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos.

To be completed by the Data Recipient

Utility Name and Contact: Black Hills Energy/Correspondence Department
Physical and Mailing Address: 625 Ninth St, Rapid City, SD 57701
PO Box 6006, Rapid City, SD 57709
Phone: 888-890-5554 Email: custserv@blackhillscorp.com Fax: 800-540-2486
For additional information, including the utility's privacy policy, visit www.blackhillsenergy.com/node/4729

By signing this form, you allow your utility to give the following information to:

Organization/Trade Name: NWCCOG

Contact Name (if available): Emily Hoskins

Physical and Mailing Address: 249 Warren Ave, Silverthorne, Co, 80498
P.O. BOX 2308, Silverthorne, Co, 80498

Phone: 1-800-332-3669 Email: wxoutreach@nwccog.org Fax: 970-468-1208

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply): electric steam natural gas

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) _____

This information will be used to:

- Provide you with products or services you requested
- Offer you products or services that may be of interest to you
- Determine your eligibility for an energy program
- Analyze your energy usage
- Other (specify): _____

DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is from 01/01/2010 and will:

- end on __/__/____
- be effective until terminated by you.

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

PLEASE READ THE CUSTOMER DISCLOSURES ON PAGE 2 OF THIS FORM

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

To be completed by the Customer

CUSTOMER ACCOUNT NUMBER

SERVICE ADDRESS

PRINTED NAME

SIGNATURE OF CUSTOMER OF RECORD

DATE SIGNED

CUSTOMER DISCLOSURES

*** Customer data can provide insight into activities within the premises receiving utility service. Your utility may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.***

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the data recipient maintains the confidentiality of the data or uses the data as authorized by you.

In addition to the [Customer Data] described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide your Social Security Number or any financial account number to the data recipient.