

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

| | | ACCOUNT NUMBER |
|--|--|---|
| NAME OF CUSTOMER RECORD | | _ |
| SERVICE ADDRESS | TELEPHONE | EMAIL |
| authorize the following to act as my agent/consultant: | | |
| BUSINESS OR CONSULTANT NAME | | |
| CONTACT NAME | TELEPHONE | EMAIL |
| MAILING ADDRESS CITY | | STATE ZIP |
| | | -···- |
| ACCOUNTS INCLUDED IN THIS AUTHORIZATION and IN | N THE CATEGORIES INDICA | TED BELOW: |
| l | | <u>. </u> |
| SERVICE ADDRESS | | ACCOUNT NUMBER |
| <u> </u> | | <u>-</u> |
| SERVICE ADDRESS | | ACCOUNT NUMBER |
| · . | | |
| SERVICE ADDRESS For more than three accounts, please list additional accounts on a second control of the contr | | ACCOUNT NUMBER |
| NFORMATION, ACTS AND FUNCTIONS AUTHORIZED nust thereafter provide specific written instructions/operation is released or action is taken cost to you, the customer. Requests for information representation of the customer authorize my Agent to act on my behalf initial all applicable boxes): | requests (e-mail is accepta en. In certain instances, th may be limited to the most re | ble) about the particular account e requested act or function may resected 12 month period. |
| Request and receive billing records, billing historaccount(s), as specified herein, regarding utility sets. EPA Benchmarking Request and receive copies of correspondence in a. Verification of rate, date of rate change, at b. Contracts and Service Agreements; c. Previous or proposed issuance of adjustred. d. Other previously issued or unresolved/dis | ervices furnished by the Utility. connection with my account(sand related information; ments/credits; or | 1 |
| Request investigation of my utility bill(s) Request special metering, and the right to access Request rate analysis. Request rate changes. Request and receive verification of balances on m | | |

¹ The Utility wlll provide standard customer information without charge up to two times in a 12 month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

| I (CUST MY BEH | OMER) AUTHORIZE THE RELEASE OF MY HALF ON THE FOLLOWING BASIS ² (<u>initial</u> | ACCOUNT INFORM one box only): | MATION AND AUTHORIZE MY AGENT TO ACT ON | | |
|---|---|---|---|--|--|
| | One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization). One year authorization - Requests for information and/or for the acts and functions specified above will be accepted a processed each time requested within the twelve month period from the date of execution of this Authorization. | | | | |
| | Authorization is given for the pe (Limited in du | riod commencing ration to three years | | | |
| RELEAS | SE OF ACCOUNT INFORMATION: | | | | |
| | lity will provide the information requested and format is (check all that apply): | above, to the extent | available, via any one of the following. My (Agent) | | |
| Hard copy via US Mail (if applicable): | | | | | |
| | Facsimile at this telephone number: | | | | |
| | Electronic format via electronic mail (if applicable) to this e-mail address | | | | |
| Customic certify the and period request information release, resulting by my Amay can | er of Record listed at the top of this form an at my Agent has authority to act on my beha form the specific acts and functions listed abore submitted before releasing information or taking on my account or facilities to the above A hold harmless, and indemnify the Utility from 1 any release of information to my Agugent; and 3) from any actions taken by my Agencel this authorization at any time by submittor for a business, someone who has authorization. | ad that I have author alf and request the reve. I understand the aking any action on nugent who is acting own any liability, claim ent pursuant to this agent pursuant to this ting a written request hority to financially | m authorized to execute this document on behalf of the rity to financially bind the Customer of Record. I further elease of information for the accounts listed on this form a Utility reserves the right to verify any authorization by behalf. I authorize the Utility to release the requested in my behalf regarding the matters listed above. I hereby inside demands, causes of action, damages, or expenses Authorization; 2) the unauthorized use of this information Authorization, including rate changes. I understand that I st. (This form must be signed by the customer of bind the customer, such as the CFO of a company). | | |
| | AUTHORIZED CUSTOMER SIGNA | TURE | TELEPHONE NUMBER | | |
| Execute | ed this day of | | at | | |
| | MONTH | YEAR | CITY AND STATE WHERE EXECUTED | | |
| damage | | mer information obta | from any liability, claims, demand, causes of action, ined pursuant to this authorization and from the taking of | | |
| | AGENT SIGNATURE | | TELEPHONE NUMBER | | |
| | COMPANY | | | | |
| Evecute | nd this day of | | | | |
| Execute | ed thisday of MONTH | YEAR | | | |
| | | | | | |

 $^{^{2}\,}$ If no time period is specified, authorization will be limited to a one-time authorization.