



## ENERGY UTILITY GROUP, LLC

### Standard Letter of Authorization for the Request of Historical Usage Information

This authorization in no way binds the signee to the purchase of any service or product from the Company named herein and is to be used for the sole purpose of determining the offer price of electricity service or the provision of other energy-related services.

Date \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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#### LIST TDU (REQUIRED; List TDUs that apply to request)

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Oncor Electric Delivery | <input type="checkbox"/> CenterPoint | <input type="checkbox"/> Sharyland     |
| <input type="checkbox"/> AEP                     | <input type="checkbox"/> TNMP        | <input type="checkbox"/> Entergy Texas |

Please accept this letter as a formal request and authorization for the above referenced Distribution Company (TDU) to release energy usage data, including kWh, kVA or KW, and interval data (if applicable) at the following location(s) to Power Utility. This information request shall be limited to no more than the most recent 12-month period of service. If the ESI ID(s) are IDR accounts, please indicate whether summary level and/or interval data is required.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Summary Billing Data Only | <input type="checkbox"/> Interval Data Only | <input checked="" type="checkbox"/> Both Summary and Interval Data |
|--|---|--|

Please forward usage and load information in electronic (Microsoft Excel) format to:

E-mail: **Melinda@energyutilitygroup.com**

**Fax Number: 713 893 0210**

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. TDSP will reject if ESI IDs are submitted that are not associated with their territory.

ESI ID Number (found on bill – separate ESI ID numbers with a semi-colon)

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#### AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

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(Signature)

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(Company)

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(Name, printed)

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(Billing Street Address)

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(Title)

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(City, State, Zip Code)

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(Phone Number)