

Letter of Authorization for the Request of Historical Usage Information

| Please accept this letter as a formal request and authorization for the above referenced Distribution Company to release energy usage data, and interval data (if applicable) at the following location(s) to Avion Energy or their assigned Retail Energy Provided This information request shall be limited to no more than the most recent 12-month period of service (Office Use Only) | |
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| | |
| Date: | Expiration Date: |
| LIST OF UTILITIES FOR CONNECTICUT (Select the utility compa | ny (TDU) that delivers energy to your service address) |
| ☐ Connecticut Light & Power ☐ United Illuminating Compa | ny Connecticut Natural Gas (CNG) |
| Southern Connecticut Gas (SCG) | |
| SERVICE LOCATION INFORMATION | |
| Address | Meter Number (From billing statement) |
| City State Zip | Account Number (From billing statement) |
| Address | Meter Number (From billing statement) |
| City State Zip | Account Number (From billing statement) |
| Please Note: If an attachment is used, please use a separate attachmer reject if meters are submitted that are not associated with their territor AUTHORIZATION I affirm that I have the authority to make and sign this request on behavior. | ry. |
| (Signature) | (Company) |
| (Name, printed) | (Billing Street Address) |
| (Title) | (City, State, Zip Code) |
| (Email Address) | (Telephone Number) |
| Please sign and fax this form to Avion Energy at: 1 (770) 825-9012 . If you have any questions about the completion or receipt of this form, call: 1 (678) 697-7717 during customer support hours. | EC Name: |