



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 Provider _____ . This information request shall be limited to no more than the most recent 12-month period of service.
(Office Use Only)

Please forward usage and load information in electronic format to: Email _____
(Office Use Only)

Date: _____

Expiration Date: _____

LIST OF UTILITIES FOR DELAWARE (Select the utility company (TDU) that delivers energy to your service address)

Delmarva Power

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 attachment per utility with the meters that are specific to a utility. Utilities will reject if meters are submitted that are not associated with their territory.

AUTHORIZATION

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

(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: _____
First Last