

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

•	•			ibution Company to release energy neir assigned Retail Energy Provider	
(Office Use Only)	•			ost recent 12-month period of service.	
Please forward usage and load	information in electronic	format to: Email		(Office Use Only)	
				(Office Ose Offiy)	
Date:	Expira				
LIST OF UTILITIES FOR ILLINO	IS (Select the utility cor	npany (TDU) that c	delivers energy to	your service address)	
Commonwealth Edison	☐ Ameren ☐ Nicor	North Shore	Peoples Gas	□ NIPSCO	
SERVICE LOCATION INFORMA	TION				
Address			Meter Number (From billing statement)		
City	State	Zip	Account I	Number (From billing statement)	
Address			Meter Nu	mber (From billing statement)	
City	State Zip		Account Number (From billing statement)		
<b>Please Note:</b> If an attachment is reject if meters are submitted that			lity with the meters t	hat are specific to a utility. Utilities will	
AUTHORIZATION I affirm that I have the authority	to make and sign this requ	est on behalf of my c	company for all ESID	s that are associated with this request.	
(Signature)		(Compa	(Company)		
(Name, printed)		(Billing	(Billing Street Address)		
Title)		(City, St	(City, State, Zip Code)		
(Email Address)		(Teleph	(Telephone Number)		
Please sign and fax this form to If you have any questions about form, call: 1 (678) 697-7717 duri	t the completion or receip	t of this	ie.		

Last