

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

usage data, and interval data (if applicable) at the following loca	
This information request shall be I	limited to no more than the most recent 12-month period of service.
Please forward usage and load information in electronic format to:	Email(Office Use Only)
	(Office Use Only)
_	
Date:	Expiration Date:
LIST OF UTILITIES FOR INDIANA (Select the utility company (TI	OU) that delivers energy to your service address)
□ NIPSCO □ Citizens	
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)
<b>Please Note:</b> 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 beh	alf 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: <b>1 (770) 825-9012</b> . If you have any questions about the completion or receipt of this form, call: 1 (678) 697-7717 during customer support hours.	EC Name: