

Letter of Authorization for the Request of Historical Usage Information

-				erenced Distribution Company to release energy n Energy or their assigned Retail Energy Provider
(Office Use C	. This informatio	n request shall be lin	nited to no mo	ore than the most recent 12-month period of service.
Please forward usag	e and load information in ele	ctronic format to: E	mail	(Office Use Only)
Date:	Expir			ation Date:
LIST OF UTILITIES (OF MAINE (Select the utility	company (TDU) tl	nat delivers e	energy to your service address)
Bangor Hydro	Central Maine Power	☐ Maine Public	Service	
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)
	tachment is used, please use a bmitted that are not associate			th the meters that are specific to a utility. Utilities will
AUTHORIZATION I affirm that I have the	e authority to make and sign t	nis request on behal	f of my compa	any for all ESIDs that are associated with this request.
(Signature)			(Company)	
(Name, printed)			(Billing Street	Address)
(Title)			(City, State, Zip	o Code)
(Email Address)			(Telephone Nu	umber)
If you have any ques	his form to Avion Energy at: 1 tions about the completion o 7-7717 during customer supp	r receipt of this	EC Name:	

First

Last