

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 Provides | |
|---|---|
| . This information request shall be I | imited 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 MASSACHUSETTS (Select the utility com | ipany (TDU) that delivers energy to your service address) |
| □ NSTAR Boston Edison (BECO) □ NSTAR Cambridge (CAMB) | □ NSTAR Commonwealth (COM) □ National Grid/MECO |
| Mass Electric (NEMA), (SEMA), (WCMA) Fitchburg Gas & Electric (NEMA) | ectric (Unitil) Western Massachusetts Electric/WMECO |
| 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 territory. | |
| AUTHORIZATION | |
| I affirm that I have the authority to make and sign this request on behavior | 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: 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 |