

Letter of Authorization for the Request of Historical Usage Information

	. This information request sh	nall be limited to no mo	ore than the most recent 12-month period of service.	
(Office Use Only)	- '		•	
Please forward usage and load in	nformation in electronic form	nat to: Email	(Office Use Only)	
			(Office ose Offig)	
Date:	Expiration Date:			
LICT OF LITH ITIES FOR NEWARA	B (C alace the autility assume	(TDII) 4b 44 d alii		
LIST OF UTILITIES FOR NEVADI	A (Select the utility compa	ny (100) that delive	ers energy to your service address)	
Southwestern Gas*				
SERVICE LOCATION INFORMAT	TION			
Address			Meter Number (From billing statement)	
City	State	Zip	Account Number (From billing statement)	
City	State	Σιρ	Account Number (From billing statement)	
Address			Meter Number (From billing statement)	
Address			meter number (From billing statement)	
City	State	Zip	Account Number (From billing statement)	
* Qualifier needed for this utility se	ervice area. Please consult yo	ur representative for a	dditional information.	
			th 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 o	on behalf of my compa	any for all ESIDs that are associated with this request.	
(Signature)		(Company)	(Company)	
(Name, printed)		(Billing Street	(Billing Street Address)	
(Title)		(City, State, Zip	o Code)	
(Email Address)		(Telephone Nu	(Telephone Number)	
,		(
Please sign and fax this form to A If you have any questions about t				
form, call: 1 (678) 697-7717 durin		EC Name:		
	• •	Fi	rst Last	