Letter of Authorization for the Request of Historical Usage Information Form (English)

Date:	Expiration Date/Unli	imited:
Select Transmission and TDSP the request applie	or Distribution Service Provider (TD s to.)	OSP) (Required: Select the
Oncor	CenterPoint Energy	Sharyland
□AEP	□TNMP	Nueces
release energy usage data, following location(s) to Ir than the most recent 12-m are metered using an Internand/or interval data is required. Summary Billing Data Please forward usage and Market Guide Section 9, A Provider Response to Req E-mail: info@myintellerg. If an attachment is used, p	Load information in electronic (Microsof Appendices, Appendix B4, Transmission uest for Historical Usage, to: gy.com blease use a separate attachment per TDS TDSP will reject submitted ESI IDs that	ral data (if applicable) at the shall be limited to no more ervice Identifiers (ESI ID(s)) be whether summary level Both Summary and Interval Date of texcel format using Retail and/or Distribution Service SP with the ESI IDs that are
Service Address	<u>E.S</u>	I ID Number (found on bill)

AUTHORIZATION

I affirm that I have the authority to make and sign ESI IDs that are associated with this request.	n this request on behalf of my company for all
(Signature)	(Company)
By checking this box, (requesting party) from the Customer identified below to obtain Customer TDSP harmless for providing the historical data	stomer's historical usage information and holds
(Name, printed)	(Billing Street Address)
(Title)	(City, State, Zip Code)
(Telephone Number)	