## AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

SUBMITTED TO THE FOLLOWING.					
Please check all that apply:					
☐ PG&E	☐ SoCalGas				
SCE	SDG&E				

THIS IS A LEGALLY BINDING CONTRACT—READ IT CAREFULLY (Please Print or Type)

I,										
	NAME					TITLE (IF APPLICABLE				
of		NAME OF CUSTOMER OF RECORD			(Custo	(Customer) have the following mailing address			dress	
		NAME OF CUSTOMER OF RECORD								
		MAILING ADDRESS	CITY		STATE		ZIP	, and o	lo hereby ap	point
	_		OITT			1			~ 1. 4	
Center	c fo	or Sustainable Energy NAME OF THIRD PARTY		of _	9325	Sky		Court,	Suite 1	00
								G ADDICESS	00100	
		San Diego					CA STATE		92123 ZIP	
to act as	to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:									
1.		INCLUDED IN THIS AUTHORIZATION	ON:							
	RVICE A	DDRESS		CITY				SERVICE ACCO	UNT NUMBER	
2. SEF	RVICE A	DDRESS		CITY				SERVICE ACCO	UNT NUMBER	
3.										
SEF	RVICE A	DDRESS		CITY				SERVICE ACCO	JNT NUMBER	
Agent maccount function month p	ust t (s) b may eriod mer)	authorize my Agent to act on my k	instructi or action er. Requ	ons/red is take lests fo	quests (e-m en. In certa er informatio	nail is a in inst on ma	accepta ances, y be lim	ble) abou the reques ited to the	t the particul ted act or most recent	ar t 12
all applic	cable	e boxes):								
	1.	Request and receive billing records, bill account(s), as specified herein, regarding						ill calculation	n for all of my	
	2.	Request and receive copies of correspo	ndence ir	n connec	ction with my	accoun	t(s) cond	erning (initia	all that apply	):
		<ul> <li>a. Verification of rate, date of rate change, and related information;</li> <li>b. Contracts and Service Agreements;</li> <li>c. Previous or proposed issuance of adjustments/credits; or</li> <li>d. Other previously issued or unresolved/disputed billing adjustments.</li> </ul>								
	3.	Request investigation of my utility bill(s)								
	4.	Request special metering, and the right to access interval usage and other metering data on my account(s).								
	5.									
		Request rate analysis.								
	6.	Request rate changes.								
	7.	Request and receive verification of bala	nces on n	ny acco	unt(s) and dis	continu	ance no	tices.		

<sup>1</sup> The Utility will provide standard customer information without charge up to two times in a 12 month period per service account. After two requests in

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a year, I understand I may be responsible for charges that may be incurred to process this request.

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ACT ON	NOMER) AUTHORIZE THE RELEASE OF MY ACCOUNTY MY BEHALF ON THE FOLLOWING BASIS <sup>2</sup> (initial or ne period is specified, authorization will be limited to a one-time One time authorization only (limited to a one-time requabove at the time of receipt of this Authorization).	ne box only):					
	One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.						
		the date of execution until 12/31/2022 (Limited in equests for information and/or for the acts and functions time requested within the authorization period specified					
RELEAS	SE OF ACCOUNT INFORMATION:						
	lity will provide the information requested above, to to preferred format is (check all that apply):	he extent available, via any one of the following. My					
$\boxtimes$	Hard copy via US Mail (if applicable).						
$\boxtimes$	Facsimile at this telephone number: 858-244-1178	<u> </u>					
$\boxtimes$	Electronic format via electronic mail (if applicable) to this e-mail address: csi@energycenter.org						
perjury of Reco that my and per authoriz release matters of action 2) the u Authoriz request.	under the laws of the State of California that I am authorized listed at the top of this form and that I have authority to Agent has authority to act on my behalf and request the rform the specific acts and functions listed above. I reation request submitted before releasing information or the requested information on my account or facilities to listed above. I hereby release, hold harmless, and inder in, damages, or expenses resulting from: 1) any release unauthorized use of this information by my Agent; and reation, including rate changes. I understand that I may continue to the continue of the co	name of authorized signatory), declare under penalty of rized to execute this document on behalf of the Customer of financially bind the Customer of Record. I further certify release of information for the accounts listed on this form understand the Utility reserves the right to verify any taking any action on my behalf. I authorize the Utility to the above Agent who is acting on my behalf regarding the mnify the Utility from any liability, claims, demands, causes of information to my Agent pursuant to this Authorization; 3) from any actions taken by my Agent pursuant to this ancel this authorization at any time by submitting a written uthority to financially bind the customer (for example,					
	AUTHORIZED CUSTOMER SIGNATURE	TELEPHONE NUMBER					
Execute	ed this day of	city and state where executed					
damage	t), hereby release, hold harmless, and indemnify the U	tility from any liability, claims, demand, causes of action, formation obtained pursuant to this authorization and from					
		858-244-1177					
	SIGNATURE	TELEPHONE NUMBER					
Cente	r for Sustainable Energy NY	_					
Execute	ed thisday of						

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