

Letter of Authorization for the Request of Historical Usage Information

-	•		eferenced Distribution Company to release energy on Energy or their assigned Retail Energy Provider	
	s information req	uest shall be limited to no r	more than the most recent 12-month period of service	
Please forward usage and load inform	ation in electron	ic format to: Email	(Office Use Only)	
Date:	Expiration Date:			
LIST OF UTILITIES FOR CALIFORNIA	(Select the utili	ity company (TDU) that (delivers energy to your service address)	
Southern California Edison (SCE)	San Diego Gas & Electric (SDG&E)		Pacific Gas & Electric (PG&E)	
Southwest Gas Company (SWG)	Southern California Gas Company (SoCal)			
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)	
reject if meters are submitted that are n			with the meters that are specific to a utility. Utilities wil	
AUTHORIZATION I affirm that I have the authority to mak	e and sign this red	quest on behalf of my com	pany for all ESIDs that are associated with this request	
(Signature)		(Company)		
(Name, printed)		(Billing Stree	(Billing Street Address)	
Title)		(City, State, 2	(City, State, Zip Code)	
(Email Address)		(Telephone	Number)	
Please sign and fax this form to Avion I If you have any questions about the co form, call: 1 (678) 697-7717 during cus	mpletion or rece	ipt of this	First Last	