



## 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 Provider \_\_\_\_\_ . This information request shall be limited 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 PENNSYLVANIA (Select the utility company (TDU) that delivers energy to your service address)

- Pennsylvania Power & Light (PPL)   
  Philadelphia Electric Company (PECO)   
  Duquesne Light & Power (DLP)  
 Allegheny Power/West Penn Power   
  Pennsylvania Power (Penn Power)   
  MetEd/First Energy  
 Penelec/First Energy   
  Philadelphia Gas Works   
  UGI

### 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 attachment per utility with 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 on behalf 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