

Interval Data Request Form / LOA				
Customer Name				
Account Number				
Service Address				
Supplier Name				
Supplier Contact				
Contact Telephone Number				
Contact email address				
IDR Billing Information				
Bill to: *Check One*	Supplier		Customer	
Billing Name				
Billing Address				
City/State/Zip				
, ,	Request		Fee	
LOA for Historical Usage/	Customer Account information		No Charge	
	One Time Reques	st for	r Interval Data	
	Initial Request		No Charge	
Subsequent Request - Single retail Delivery service account			\$55.00	
Subsequent Request - Additional Retail Delivery service account			\$	
\$23.00 per additional account X # of Accounts			,	
(Please attach lists of accounts)				
Subscription Service for Interval Data				
Single retail delivery service account		╄	\$309.00	
Subsequent Request - Additional Retail Delivery service account \$277.00 per additional account X # of Accounts			\$	
(Please attach lists of accounts)				
Total Charges \$				
Contract Type				
** Check One **	1 Year Contract	Т	Automatic Yearly Renewal	
Signatures				
	Customer	$\blacksquare$		
			I authorize the above distribution company to share my historical	
Authorized Signature			usage/interval data with the above supplier/broker. The tariff allows for one request per account per calendar year for historical data at no charge. I	
Print Name			understand that a fee will be assessed for any subsequent request made	
Title			nin the calendar year. Please accept this request for information under the nority of this form as if the request was made directly to you. You are	
100		_	permitted to accept this form as authentic whether it is the original executed	
			ument or a copy thereof. My signature affirms that I have the authority to se and sign this request on behalf of my company.	
Supplier				
Print Name			norized Signature	
Title		Date		
****! OA for Historical Usage/Customer Account information: Customer's signature are valid one year from the sign date				