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



THIS IS A LEGALLY BINDING CONTRACT—READ IT CAREFULLY

(Please Print or Type)

l,	NAME			TITLE (IF APPL	ICABI F		
,	<u>.</u>		(0)	·			
of	NAME OF CUSTOMER OF RECORD		(Custon	ner) have the to	llowing mailing address		
					, and do hereby appoint		
	MAILING ADDRESS CITY		STATE	ZIP	, and do neleby appoint		
The Center for Sustainable Energy of 3980 Sherman Street, Suite 170							
	NAME OF THIRD PARTY	-		MAILING ADI			
San Diego	CITY			California	92110 ZIP		
to act as my		acco	ount(s) and in				
to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:							
ACCOUNTS	INCLUDED IN THIS AUTHORIZATION:						
1. SERVICE	ADDRESS	CITY		SER	/ICE ACCOUNT NUMBER		
2.							
SERVICE	ADDRESS	CITY		SER	/ICE ACCOUNT NUMBER		
(For more than two accounts, please list additional accounts on a separate sheet and attach it to this form)							
INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12							
month period.							
I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (<u>initial</u> all applicable boxes):							
1.	Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s), as specified herein, regarding utility services furnished by the Utility ¹ .						
2.	EPA Benchmarking (authorizes usage information to be uploaded to the EPA's ENERGY STAR Portfolio Manager ®).						
3.	Request and receive copies of correspondence in connection with my account(s) concerning (initial all that apply):						
	a. Verification of rate, date of rate change, and related information; b. Contracts and Service Agreements; c. Previous or proposed issuance of adjustments/credits; or d. Other previously issued or unresolved/disputed billing adjustments.						
4.	Request investigation of my utility bill(s).						
5.	Request special metering, and the right to access interval usage and other metering data on my account(s).						
6.	Request rate analysis.						
7.							
	Request rate changes.						
8.	Request and receive verification of balances on my account(s) and discontinuance notices.						
9.	Other acts and functions (please specify)						

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¹ 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 a year, I understand I may be responsible for charges that may be incurred to process this request.

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I (CUSTO ACT ON	OMER) AUTHORIZE THE R MY BEHALF ON THE FOLI	ELEASE OF MY ACCOUNT I LOWING BASIS ² (<u>initial</u> one I	NFORMATION AND AUTHORIZE MY AGENT TO box only):
	above at the time of receiped one year authorization - accepted and processed Authorization. Authorization is given for (Limited in duration to three)	ot of this Authorization). Requests for information and each time requested within the the period commencing with the years from the date of execution.	est for information and/or the acts and functions specified d/or for the acts and functions specified above will be a twelve month period from the date of execution of this ne date of execution until
RELEAS	SE OF ACCOUNT INFORM	ATION:	
	ity will provide the informa preferred format is (check		extent available, via any one of the following. My
	Hard copy via US Mail (if ap		
\square	Facsimile at this telephone Electronic format via electronic		e-mail address: contact@calsomah.org
that my and per authoriz release matters causes Authoriz pursuan submitti	Agent has authority to act of form the specific acts and ation request submitted before the requested information of listed above. I hereby respectively of action, damages, or expectation; 2) the unauthorized at to this Authorization, incluing a written request. [This	In my behalf and request the last functions listed above. If ore releasing information or to my account or facilities to the lease, hold harmless, and in penses resulting from: 1) are use of this information by nating rate changes. I understand the subject of the subject is the subject of t	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 aking any action on my behalf. I authorize the Utility to be above Agent who is acting on my behalf regarding the undemnify the Utility from any liability, claims, demands by release of information to my Agent pursuant to this my Agent; and 3) from any actions taken by my Agent tand that I may cancel this authorization at any time by someone who has authority to financially bind the a municipality).]
	AUTHORIZED CUSTOM	ER SIGNATURE	TELEPHONE NUMBER
Execute	ed this day of	MONTH YEAR	at CITY AND STATE WHERE EXECUTED
damage	es, or expenses resulting from		
	AGENT SIGNATURE		858-244-1177 - TELEPHONE NUMBER
Center 1	for Sustainable Energy		
Executed	this day of	MONTH YEAR	

 $^{^{2}}$ If no time period is specified, authorization will be limited to a one-time authorization Revised 1/2014