

NAME)			TITLE (IF APPLICABLE)		
of			(Cust	omer) have tl	he following
	NAME OF CUSTOMER OF REC	ORD	•	•	J
mailing address					,
		CITY		STATE	ZIP
and do hereby appoint $\stackrel{ ext{The}}{ ext{_}}$	e Center for Susta	ainable Energy	_ of _ ³⁹⁸⁰	Sherman Stre	eet,Suite 1
	NAME OF THIR	RD PARTY		MAILING ADDRE	SS
San Diego	CA	92110 to act	as my age	nt and consu	Itant (Agent)
CITY	STATE	ZIP	as my ago	in and consu	itani (Agoni)
for the listed account(s) a	nd in the esterorie	s indicated below	,.		
or the listed account(s) a	ilu ili tile categories	5 iliulcated below	•		
ACCOUNTS INCLUDED IN	THIS ALITHORIZA	TION:			
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1SERVICE ADDRES					
SERVICE ADDRES	CITY		SERVIC	E ACCOUNT NUMBER	₹)
2.					
2. SERVICE ADDRES	CITY		SERVIC	E ACCOUNT NUMBER	₹
3.					
SERVICE ADDRES	SS		SERVIC	E ACCOUNT NUMBER	3
(For more than three accounts, pla	accollect additional accoun	ate on a congrato choot	and attach it to	thic form)	
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AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

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I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS (initial one line only): (If no time period is specified, authorization will be limited to a one-time authorization.) One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization). 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. Authorization is given for the period commencing with the date of execution until (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein. RELEASE OF ACCOUNT INFORMATION: (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. [This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).] AUTHORIZED CUSTOMER SIGNATURE Executed this _____day of _____ at ____ I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the release of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes. The Center for Sustainable Energy 858-244-1177 AGENT SIGNATURE COMPANY TELEPHONE NUMBER

Executed this _____ day of _____ at _____