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	ICABLE			
of				(Custom	ner) have the fo	llowing mailing addres	s		
	NAME OF CUST	OMER OF RECORD							
	MAILING ADDDEGG	OLTY		OTATE	ZIP	, and do hereby appoir	nt		
T I 0 1	MAILING ADDRESS	CITY		STATE					
The Center for Sustainable Energy of 3980 Sherman Street, Suite 170									
San Diag		1			California	92110			
San Dieg	*	CITY			STATE	ZIP			
to act as i	my agent and consultan	t (Agent) for the listed	acco	ount(s) and in t	the categories i	ndicated below:			
	, -	, ,			3				
ACCOUN	TS INCLUDED IN THIS A	UTHURIZATION:							
1. SERV	CE ADDRESS		CITY		SER	VICE ACCOUNT NUMBER			
2.	OE ABBRECO		0111		CER	VIOL NOOGHI HOMBEN			
	CE ADDRESS		CITY		SER	VICE ACCOUNT NUMBER			
(For more that	an two accounts, please list addi	tional accounts on a separate	e sheet	and attach it to this	s form)				
INIEODMA									
	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								
	b) before any information								
	nay result in cost to you								
month pe	riod.								
I (Custom	er) authorize my Agent t	o act on my behalf to	perf	orm the follow	ing specific ac	ts and functions (<u>initial</u>	1		
all applica	able boxes):								
1	. Request and receive billi	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 (aut	EPA Benchmarking (authorizes usage information to be uploaded to the EPA's ENERGY STAR Portfolio Manager®).							
	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;								
		eviously issued or unreso							
	4. Request investigation of	Request investigation of my utility bill(s).							
	5. Request special meterin	Request special metering, and the right to access interval usage and other metering data on my account(s).							
	6. Request rate analysis.								
	Request rate changes.								
	Request and receive verification of balances on my account(s) and discontinuance notices.								
	Other acts and functions (please specify)								
	Cities dots and functions (prease 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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	MER) AUTHORIZE THE RE MY BEHALF ON THE FOLL		IT INFORMATION AND AUTHORIZE MY AGENT TO le box only):				
	above at the time of receip One year authorization - accepted and processed of Authorization. Authorization is given for t (Limited in duration to three	of of this Authorization). Requests for information each time requested within the period commencing with the years from the date of each time.	and/or for the acts and functions specified above will be the twelve month period from the date of execution of this h the date of execution untilxecution.) Requests for information and/or for the acts and the essed each time requested within the authorization period				
RELEAS	SE OF ACCOUNT INFORM	ATION:					
	ty will provide the informat preferred format is (check		the extent available, via any one of the following. My				
	Hard copy via US Mail (if ap						
	Facsimile at this telephone number: Electronic format via electronic mail (if applicable) to this e-mail address: contact@calsomah.org						
of Recor that my and perf authorizatelease to matters causes Authorizate pursuant submittir	d listed at the top of this for Agent has authority to act or form the specific acts and ation request submitted before the requested information or listed above. I hereby religious for action, damages, or expation; 2) the unauthorized to this Authorization, inclu	m and that I have authority in my behalf and request the functions listed above. For ereleasing information in my account or facilities the ease, hold harmless, and benses resulting from: 1) use of this information beding rate changes. I under the form must be signed.	norized to execute this document on behalf of the Customer of to financially bind the Customer of Record. I further certify the release of information for the accounts listed on this form I understand the Utility reserves the right to verify any or taking any action on my behalf. I authorize the Utility to the above Agent who is acting on my behalf regarding the d indemnify the Utility from any liability, claims, demands, any release of information to my Agent pursuant to this y my Agent; and 3) from any actions taken by my Agent erstand that I may cancel this authorization at any time by by someone who has authority to financially bind the of a municipality).]				
	AUTHORIZED CUSTOME	ER SIGNATURE	TELEPHONE NUMBER				
Executed	d this day of _	MONTH YEAR	at CITY AND STATE WHERE EXECUTED				
damages		n the use of customer info	Utility from any liability, claims, demand, causes of action, rmation obtained pursuant to this authorization and from the ce changes. 858-244-1177				
	AGENT SIGNATURE		TELEPHONE NUMBER				
Center for COMPANY	or 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