Standard Letter of Authorization for the Request of Historical Usage Information (English)

Date:	Expiration Date:	
Select Transmission Distribution Serequest)	ervice Provider (TDSP) (Requi	red: Select TDSPs that apply to
Oncor	CenterPoint Energy	Sharyland
□AEP	□TNMP	Nueces
usage data, including kWh, kVA or k	XW, and interval data (if applicabust shall be limited to no more the	han the most recent 12-month period of
Summary Billing Data Only	☐Interval Data Only	☐Both Summary and Interval Data
If an attachment is used, please use a a TDSP. TDSP will reject if ESI IDs		
Service Address	ESI ID Number (found on bill)	
AUTHORIZATION I affirm that I have the authority to m are associated with this request.	ake and sign this request on beha	lf of my company for all ESI IDs that
(Signature)	(Company	<i>y</i>)
By checking this box, (requesting from the Customer identified below tharmless for providing the historical of	party) o obtain Customer's historical us	affirms that they have authorization age information and holds the TDSP
(Name, printed)	(Billing St	reet Address)
(Title)	(City, Stat	e, Zip Code)
(Telephone Number)		