

# LETTER OF AUTHORIZATION TO REQUEST HISTORICAL USAGE INFORMATION

Please release my company's most recent 12 months' historic billing information, historic energy demand and usage including rate class by account number to the following:

**(NOTE: Please type or print legibly in all required fields.)**

Name\*: \_\_\_\_\_ of (Company Name): CHOICE! Energy Services

Address\*: 5718 Westheimer, Suite 1300 \_\_\_\_\_ City\*: Houston

State\*: TX ZIP: 77057

Phone Number\*: ( 713 ) 358 - 5400 Ext. \_\_\_\_\_ Fax\*: ( 713 ) 613 - 0594

**Please provide the data in the following formats: (please check one)**

Attached to E-mail (e-mail address): \_\_\_\_\_ @choice-ces.com

Hard copy via fax

(Please supply electronically for multiple accounts.)

1. \_\_\_\_\_  
SERVICE ADDRESS CITY/STATE/ZIP ESI ID OR METER ID

2. \_\_\_\_\_  
SERVICE ADDRESS CITY/STATE/ZIP ESI ID OR METER ID

3. \_\_\_\_\_  
SERVICE ADDRESS CITY/STATE/ZIP ESI ID OR METER ID

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

Name of Authorized Individual\*: \_\_\_\_\_

Title / Position\*: \_\_\_\_\_

Company Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_  
Street Address City State Zip Code

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Authorized Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that this release will be valid from the date of signature and remain valid until notice of expiration is given to the appropriate local electric utility.**

**\* REQUIRED FIELDS**

