

LETTER OF AUTHORIZATION FOR THE REQUEST OF HISTORICAL USAGE INFORMATION

Date: _____

Expiration Date: _____

LIST TDU (List TDUs that apply to request)

TXU Electric Delivery
(Formerly Oncor)

CenterPoint

Sharyland

AEP

TNMP

Entergy Texas

Please accept this letter as a formal request and authorization for the above referenced Distribution Company (TDU) to release energy usage data, including kWh, kVA or KW, and interval data (if applicable) at the following location(s) to Capitol Area Energy, Inc. This information request shall be limited to no more than the most recent 12-month period of service.

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. TDSP will reject if ESI IDs are submitted that are not associated with their territory.

Service Address

ESI Number (found on bill)

Please forward usage and load information in electronic (Microsoft Excel) format to:

E-mail: loa@capitolareaenergy.com

AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

(Signature)

(Company)

(Name, printed)

(Billing Street Address)

(Title)

(City, State, Zip Code)

(Email Address)

(Telephone Number)

Customer - FAX COMPLETED FORM TO: 512-266-4712

Capitol Area Energy, Inc.
Phone 512-266-4083 Fax 512-266-4712

WEB