

LETTER OF AUTHORIZATION FOR THE REQUEST OF HISTORICAL USAGE INFORMATION

Date: _____

Expiration Date: _____

LIST TDU (List TDUs that apply to request)

TXUED 1-800-666-3406 fax CenterPoint 1-713-207-9054 fax Sharyland

AEP 1-361-880-6027 fax TNMP 1-972-318-0138 fax

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: Independent Energy Solutions. 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: srekemeyer@iesenergy.net

AUTHORIZATION

(Signature)

(Company)

(Name, printed)

(Billing Street Address)

(Title)

(City, State, Zip Code)

(Email Address)

(Telephone Number)

Sales Representative: