AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

SUBMITTED TO THE FOLLOWING.				
Please check all that apply:				
PG&E	SoCalGas			
SCE	SDG&E			

THIS IS A LEGALLY BINDING CONTRACT _ READ IT CAREFULLY

(Please Print or Type)

I,					
	NAME	TITLE (IF APPLICABLE			
of _			(Customer) h	ave the foll	owing mailing address
	NAME OF CUSTOMER OF RE	CORD			
					, and do hereby appoint
	MAILING ADDRESS	CITY	STATE	ZIP	
		of			
	NAME OF THIRD PARTY		MAILING ADDRESS		
	CITY			STATE	ZIP
to ac	t as my agent and consultant (Agent) for the I	isted account(s) and in th	ne categories indicated	d below:	
٨٢٢	OUNTS INCLUDED IN THIS AUTHORIZATION:				
ACC					
1.	SERVICE ADDRESS		<u></u>	050)//0	
2	SERVICE ADDRESS	CITY		SERVIC	E ACCOUNT NUMBER
2.	SERVICE ADDRESS	CITY	<u></u>	SERVIC	E ACCOUNT NUMBER
3.					
	SERVICE ADDRESS	CITY		SERVIC	E ACCOUNT NUMBER

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

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 account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12 month period.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (initial all applicable boxes):

1. 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 Utility¹.

2	Request and receive coni	es of correspondence in connection	on with my account(s) concern	ing (initial all that apply).

	a.	Verification of rate	date of rate change,	and related information;
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b.	Contracts and	I Service Agreements
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- c. Previous or proposed issuance of adjustments/credits; or
- d. Other previously issued or unresolved/disputed billing adjustments.
- 3. Request investigation of my utility bill(s).
- 4. Request special metering, and the right to access interval usage and other metering data on my account(s).
- 5. Request rate analysis.
- 6. Request rate changes.
 - 7. Request and receive verification of balances on my account(s) and discontinuance notices.

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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I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS² (initial one box only):

²If no time period is specified, authorization will be limited to a one-time authorization



One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).

One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.

Authorization is given for the period commencing with the date of execution until ______(Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

Hard copy via US Mail (if applicable).
Facsimile at this telephone number:
Electronic format via electronic mail (if applicable) to this e-mail address:

	AUTHORIZED CUSTOMER SIGNATU	RE		TELEPHONE NUMBER
Executed this	day of	MONTH	YEAR	at CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

AGENT SIGNATURE				TELEPHONE NUMBER
COMPANY				
Executed this	day of			
		MONTH	YEAR	