RETURN TO WEB RESET FORM PRINT FORM

DATA REQUEST FORM

This section is to be completed by the Customer/Broker

Distribution Company (check one): ☐ **NGRID** ☐ **NSTAR** ☐ **UNITIL/FGE** ☐ **WMECO/CLP** ☐ **CMP/BHE**

• Customer Name (as it appears on the bill): _____

LDC	ACCOUNT NUMBER	SERVICE ADDRESS	RATE CODE

Please attach additional accounts as needed, and reference accordingly in the table above with "see attached".

• Supplier/Broker Name: Ultimate Energy Advisors, LLC
• Supplier/Broker Contact: Bob Schiff
• Supplier/Broker Contact Telephone Number: 214-202-2875
• Supplier/Broker Contact Email Address: bobs@ueallc.com

***CHECK ONE ____Invoice the customer[1] OR [X] Invoice the supplier/broker as follows:

Supplier Signature: _____ Date: _____

Supplier billing address: _____

This section is to be completed by the Customer

I authorize the above distribution company to share my interval and/or monthly data with the above until I or my Supplier/Broker notifies you otherwise[2]. The Massachusetts tariff allows for one request per account per calendar year for historical interval data at no charge. I understand that there will be fees assessed for any subsequent interval data requests made with the calendar year. **Ultimate Energy Advisors, LLC will take responsibility for paying any fees for historical or subscription service interval data requests.** Please accept this request for information under the authority of this form as if we made the request directly to you. You are permitted to accept this form as authentic whether it is the original executed document or a copy thereof. By my signature, I affirm that I have the authority to make and sign this request on behalf of my company.

*Customer Signature _____

*Printed Name _____

*Title _____

*Email Address _____

*Company Name _____

*Date _____

[1] NSTAR will invoice the Supplier/Broker only, not the customer.
[2] Signatures for historical requests are only valid for one year after the sign date.