

Southern California Edison Rosemead, California (U 338-E)

Sheet 1

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

Form 14-796

(To be inserted by utility) Advice <u>3381-E</u> Decision ______ Issued by <u>R.O. Nichols</u> Senior Vice President (To be inserted by Cal. PUC) Date Filed Mar 17, 2016 Effective Apr 16, 2016 Resolution



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

An EDISON INTERNATIONAL Company

I,

THIS IS A LEGALLY BINDING CONTRACT - READ IT CAREFULLY

	NAME					(
of	NAME OF CUSTOMER RECORD	(0	Customer) hav	e the followir	ng mailing address	
	NAME OF CUSTOMER RECORD				, and do hereby appoint	
	MAILING ADDRESS	CITY o	STATE	ZIP	_, and do nereby appoint	
	NAME OF THIRD PARTY	0		MAILING AD	DRESS	
	CITY			STATE	ZIP	
to act as	my agent and consultant (Agent) for the listed	account(s) an	d in the cate	pories indicated below:	
	ITS INCLUDED IN THIS AUTHOR			·		
1.						
	ERVICE ADDRESS				SERVICE ACCOUNT NUMBER	
2.						
	ERVICE ADDRESS				SERVICE ACCOUNT NUMBER	
3	ERVICE ADDRESS				SERVICE ACCOUNT NUMBER	
(For more th form)	nan three accounts, please list additional Se	ervice Addresses ar	nd Service Account	Numbers on a se	eparate sheet and attach it to this	(
INFORM The Age particula	ATION, ACTS AND FUNCTIONS nt must thereafter provide spec r account(s) before any inform	cific written ir nation is relea	nstructions/rec ased or actio	quests (e-ma n is taken.	il is acceptable) about the In certain instances, the))
	d act or function may result in co recent 12 month period.	ost to you, the	customer. Re	quests for in	formation may be limited to	
I (Custom (initial or	her) authorize my Agent to act o put an 'x' inside all applicable b	on my behalf oxes):	to perform the	e following s	specific acts and functions	(
	Request and receive billing records, account(s), as specified herein, regardi EPA Benchmarking	billing history ar ng utility services	nd all meter usa furnished by the	ge data used Utility. ¹	for bill calculation for all of my	i.
	Request and receive copies of correspondence a. Verification of rate, date of rate b. Contracts and Service Agreen	e change, and rel			ning (initial all that apply):	

- c. Previous or proposed issuance of adjustments/credits; or
 d. Other previously issued or unresolved/disputed billing adjustments.
- 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.
- 7. Request rate changes.
- Request and receive verification of balances on my account(s) and discontinuance notices. 8.

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.

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

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

One time authorization	only	(limited	to a	one-time	request	for	information	and/or	the	acts	and	functions
Specified above at the tir	ne of	freceipt	of th	is Authoriz	ation).							

One year a	uthorization -	- Requests	for inform	nation and	d/or for	the acts	and fund	ctions s	pecified	above	will be
accepted ar	nd processed	l each time	requeste	d within t	he twel	ve mont	h period	from th	e date of	f execu	ition of
this Authoriz	zation.										

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:

I (Customer), ______(print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document manually or electronically on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. [This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]

AUTHORI	ZED CUSTOMER SI	GNATURE TITLE (IF		TELEPHONE NUMBER	(T)			
Executed this	day of			at	t			
-		MONTH	YEAR		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. I also hereby indicate my consent to execute and submit this signature electronically.

AGENT SIGNATURE

COMPANY

Executed this _____day of _____

MONTH

YEAR

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

TELEPHONE NUMBER

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