



**Connecticut Natural Gas Corporation  
Southern Connecticut Gas Company  
REQUEST FOR CUSTOMER CONSUMPTION**

This is to authorize the release of a 12-month consumption history for my account(s).

DATE \_\_\_\_\_

NAME OF REQUESTER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

and/or

POD ID NUMBER \_\_\_\_\_

AUTHORIZED CUSTOMER SIGNATURE \_\_\_\_\_ DocuSign Signature Location

PRINTED AUTHORIZED CUSTOMER NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_  
(Optional)

**Email LOA form and any attachment to: [retail\\_access\\_gas@uinet.com](mailto:retail_access_gas@uinet.com)**

**NOTE: If 3 or more accounts, please provide list of account numbers in an excel spreadsheet.**