

MAINE INTERVAL DATA REQUEST FORM

This is to be completed by the Supplier/Broker

Distribution Company (circle one): **BHE** **CMP**

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

Account Number	Service Address	Billing Name	Billing Address	City/State/Zip

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

• Supplier/Broker Name: _____
• Supplier/Broker Contact: _____
• Supplier/Broker Contact Telephone Number: _____
• Supplier/Broker Contact Email Address: _____

Supplier/Broker Signature: _____ Date: _____
Supplier Billing Address _____

This section is to be completed by the Customer

I authorize the above distribution company to share my interval data with the above supplier/broker until I or my supplier/broker notifies you otherwise¹. The tariff allows for one request per account per calendar year for historical data at no charge. I understand that a fee will be assessed for any subsequent request made within the calendar year. Please accept this request for information under the authority of this form as if the request was made directly to you. You are permitted to accept this form as authentic whether it is the original executed document or a copy thereof. My signature affirms that I have the authority to make and sign this request on behalf of my company.

*Customer Signature _____
*Printed Name _____
*Title _____
*Company Name _____
*Date _____