National Grid USA – Massachusetts Online Interval Data Request Form

EPO Supports Retail Data ONLY

Please complete and email this form as an attached file to: IntervalDataRequests@NationalGrid.com

To]	be com	pleted	by S	Suppl	lier/'	<u> Third</u>	Party
	-						

Customer Name (as it appears on the bill): ___

	Account Numbers	Billing Name	Service Address		
\vdash					
_	** Please attach ac	l Iditional accounts as needed,	and reference accordingly with "see attached" **	ı	
	Supplier/Third Party l	Vame:		•	
,					
•		=		•	
,	Supplier/Third Party Cont	act Email Address:			
			Date:		
,	Supplier/Third Party Billi	ng Address			
To l	oe completed by the Cu	istomar			
10 1	be completed by the Co	<u>istomer</u>			
other	wise. For any given account, th		the above supplier/broker until I or my supplier/broker notifies yo per calendar year regardless if the request is from the cu stomer or est made within the calendar year.		
accep	e accept this request for inform the this form as authentic whethe and sign this request on behalf	r it is the original executed documen	rm as if the request was made directly to you. You are permitted at or a copy thereof. My signature affirms that I have the authority	to to	
*	Customer Signature		tion		
	Printed Name				
*	Title				
*	Company Name				
*	Date				
	Custo	omer signatures are only valid	d for one year after the signing date		
	T	ype of Interval Data Requ	uest – Please choose 1 ONLY		
	Two Weeks Onlin	One Year Access to I			
acc	Price = \$165, each additional count requested for the sar mpany is \$7.08		d for the same next 10 years	he	