Rhode Island Online Interval Data Request Form

EPO Supports Retail Data ONLY

 $Please\ complete\ and\ email\ this\ form\ as\ an\ attached\ file\ to:\ \underline{IntervalDataRequests@NationalGrid.com}$

** Please attach additional accounts as needed, and reference accordingly with "see attached" ** * Supplier/Third Party Name: Supplier/Third Party Contact: * Supplier/Third Party Contact Elephone Number: Supplier/Third Party Contact Email Address: Supplier/Third Party Signature: Supplier/Third Party Signature: Supplier/Third Party Billing Address ob ecompleted by Customer unthorize the above distribution company to share my interval data with the above supplier/broker until I or my supplier/broker notifies yo herwise. For any given account, the tariff allows for an initial request per calendar year regardless if the request is from the customer or pplier. I understand that a fee will be assessed for any subsequent request made within the calendar year. **asses accept this request for information under the authority of this form as if the request was made directly to you. You are permitted teept this form as authentic whether it is the original executed document or a copy thereof. My signature affirms that I have the authority aske and sign this request on behalf of my company. **Customer Signature **Printed Name *Tritle **Company Name *Date **Customer signature is only valid for one year after the signing date** Type of Interval Data Request — Please choose 1 ONLY Two Weeks Online One Year Online	Account	appears on the bill): Billing Name	Service Address
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^{**}Price = \$83, each additional account requested for the same company is \$6.41