

Authorization to Receive Customer Information or Act Upon A Customer's Behalf

THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ CAREFULLY

(PLEASE PRINT OR TYPE)

Customer Information:

Customer Name: _____ dba _____
Name of Record on the Account

Customer Mailing Address: _____

Contact Information: Telephone: _____ E-Mail Address: _____

Customer Representative's Printed Name and Title: _____

I understand that, pursuant to this Authorization to Receive Customer Information or Act on a Customer's Behalf ("Authorization"), the Authorized Party listed below may conduct the designated activity below and transaction(s) on the account(s) that I, as Customer, would otherwise direct or perform. Despite this Authorization, I remain fully responsible for all payment and other service obligations. This Authorization shall continue in effect until the Expiration Date specified on page 2 of this Authorization, unless earlier terminated by the Customer.

I (Customer) hereby release, hold harmless, and indemnify PSEG Long Island LLC, The Long Island Power Authority, and their respective parents, subsidiaries, affiliates, assigns, officers, directors, owners and employees, and their respective officers, directors, partners, owners and employees from and against any liability, claims, demands, cause of action, damages, or expenses resulting from any release of information or transaction of business pursuant to this Authorization, the unauthorized use of this information, the transaction of business by the Authorized Party, and/or any actions taken by the Authorized Party pursuant to this Authorization.

_____/_____/_____
Customer's or Authorized Customer Representative's Signature **Executed on this Date** (mm/dd/yyyy)

Third Party seeking the Customer's Authorization ("Authorized Party"):

Authorized Party Name: _____

Authorized Party Mailing Address: _____

Authorized Party Contact Information: Telephone: _____ E-Mail Address: _____

Authorized Party Representative's Printed Name and Title: _____

I (Authorized Party) hereby release, hold harmless, and indemnify PSEG Long Island LLC, The Long Island Power Authority, and their respective parents, subsidiaries, affiliates, assigns, officers, directors, owners and employees, and their respective officers, directors, partners, owners and employees from and against any liability, claims, demands, cause 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.

_____/_____/_____
Authorized Party or Authorized Party Representative's Signature **Executed on this Date** (mm/dd/yyyy)



Authorization to Receive Customer Information or Act on a Customer's Behalf

This Authorization permits customer account holders to delegate certain rights to authorized third parties concerning PSEG Long Island account(s). The Customer named above may permit the Authorized Party named above to receive information or transact business on the Customer's behalf. The Customer shall specify below what information the Authorized Party is entitled to receive, to what extent the Authorized Party may transact on the Customer's behalf, and whether the Authorization is being provided on a **one-time basis or on a long-term basis (not to exceed 3 years from the date of execution)**. Certain transactions and/or requests for records or information may be subject to fees. Customer shall remain responsible for all such fees. A request for records not listed below can be made directly to LIPA, pursuant to the New York Freedom of Information Law ("FOIL"), at <https://www.lipower.org/foil/>. Exceptions to FOIL may apply.

I (Customer) authorize the Authorized Party to act on my behalf to perform the following specific acts and functions on the _____
authorized accounts listed below (***initial*** all that apply) _____ (# of Accounts)

Long-Term Request: _____ Effective Date: _____ Expiration Date: _____

One-time request: _____ Effective Date: _____ Expiration Date: _____

(Please Initial)

_____ Request and receive copies of billing history of up to 24 months old, at no charge.

_____ Request and receive meter reading history of up to 24 months old, at no charge.

_____ Request verification of rate and/or rate change, in accordance with LIPA Tariff guidelines.

_____ Propose issuance of adjustments/credits for account(s) listed below.

_____ Request and receive billing and meter reading history older than 24 months, for a fee (based on Tariff Leaf 107B).

Request and receive historical hourly or 15-minute interval meter data, for a fee. [As an alternative, and if authorized by the Customer, we can provide the Authorized Party access to MySmartEnergy to retrieve the interval meter data at no charge (based on [Tariff Leaf 107B](#)).]

Please send the completed form to BusinessCenterLI@pseg.com

The Customer's service address(es) MUST be identified by the correct Account Number(s).

[illegible]

[illegible]