Rhode Island Online Interval Data Request Form

EPO Supports Retail Data ONLY

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

Account	Billing Name	Service Address
Numbers	Dining Tunic	Ser vice riddress
** Please attach	additional accounts as needed,	and reference accordingly with "see attached" **
• Supplier/Third Pa	rty Name: Constellation Ne	wEnergy, Inc
•	Contact: Stephen Carlson	
	rty Contact Telephone Number:	
Supplier/Third Party (Contact Email Address: <u>UDCIr</u>	nvoiceProcessing@constellation.com Date:
Supplier/Third Party S	Signature: Stephen Ca	rlson Date:
Supplier/Third Party 1	Billing Address <u>1001 Louisi</u>	ana Street, Ste 2300, Houston, TX 77002
o be completed by Cu	<u>istomer</u>	
nuthorize the above distribution therwise. For any given account pplier. I understand that a fee ease accept this request for incept this form as authentic who	n company to share my interval data wit int, the tariff allows for an initial reques will be assessed for any subsequent req aformation under the authority of this for either it is the original executed docume	It per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Our as if the request was made directly to you. You are permitted to
nuthorize the above distribution herwise. For any given accoust applier. I understand that a fee ease accept this request for integet this form as authentic whake and sign this request on be	n company to share my interval data wit int, the tariff allows for an initial reques will be assessed for any subsequent req aformation under the authority of this for either it is the original executed docume	It per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Our as if the request was made directly to you. You are permitted to
uthorize the above distribution therwise. For any given account pplier. I understand that a fees ease accept this request for incept this form as authentic what and sign this request on both the ease accept this request on both the ease accept this form as authentic what and sign this request on both the ease accept the ease accept this form as authentic what and sign this request on both the ease accept the ease accept this request on both the ease accept this request on both the ease accept the ease accept this request for increase accept the ease accept this request for increase accept the ease accept this request for increase accept the ease	n company to share my interval data wit int, the tariff allows for an initial reques will be assessed for any subsequent req aformation under the authority of this for either it is the original executed docume	It per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Our as if the request was made directly to you. You are permitted to
uthorize the above distribution nerwise. For any given accoupplier. I understand that a fee ease accept this request for incept this form as authentic whake and sign this request on be	n company to share my interval data wit int, the tariff allows for an initial reques will be assessed for any subsequent req aformation under the authority of this for either it is the original executed docume	It per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Our as if the request was made directly to you. You are permitted to
uthorize the above distribution nerwise. For any given accoupplier. I understand that a fee ease accept this request for incept this form as authentic whake and sign this request on both acceptance. *Customer Signature *Printed Name *Title	n company to share my interval data wit int, the tariff allows for an initial reques will be assessed for any subsequent req aformation under the authority of this for either it is the original executed docume	It per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Our as if the request was made directly to you. You are permitted to
authorize the above distribution herwise. For any given accoust applier. I understand that a fees ease accept this request for in accept this form as authentic whake and sign this request on be accept the state of the accept the accept the state of the accept	n company to share my interval data wit int, the tariff allows for an initial reques will be assessed for any subsequent req aformation under the authority of this for either it is the original executed docume	It per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Our as if the request was made directly to you. You are permitted to
authorize the above distribution therwise. For any given account applier. I understand that a fee ease accept this request for inscept this form as authentic what a distribution and sign this request on both accept the second sign this request on both accept the second sign this request on both accept this form as authentic what and sign this request on both accept this form as authentic what a sign this request on both accept the second sign at the second sign and second sign accept the second sign and second sign accept the second sign accept this request for inspection sign accept the second sign accept the se	n company to share my interval data with ant, the tariff allows for an initial request will be assessed for any subsequent requirements of the authority of this forether it is the original executed docume that of my company.	uest made within the calendar year.
therwise. For any given account applier. I understand that a fee the ease accept this request for interest this form as authentic whake and sign this request on be a company Name *Title *Company Name *Date	n company to share my interval data with the tariff allows for an initial requestion, the tariff allows for an initial requestion will be assessed for any subsequent requirements of the authority of this for the ether it is the original executed docume the ethal of my company.	at per calendar year regardless if the request is from the custo mer or a uest made within the calendar year. Form as if the request was made directly to you. You are permitted to ent or a copy thereof. My signature affirms that I have the authority to

^{**}Price = \$83, each additional account requested for the same company is \$6.41