DATA REQUEST FORM

NAME:

This section is to be completed by the Supplier/Broker

Distribution Company (circle one):   **NGRID**   **UNITIL/FGE**   **NHEC**   **CMPCO/BHE**

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

LDC	Account Number	Service Address	Rate Code

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

• Supplier/Broker Name: <u>Constellation New Energy</u>
• Supplier/Broker Contact: <u>Ashante Taylor</u>
• Supplier/Broker Contact Telephone Number: <u>713-401-2036</u>
• Supplier/Broker Contact Email Address: <u>DataManagement-NE@constellation.com</u>

***CHECK ONE   ____Invoice the customer[1]   OR   _X_ Invoice the supplier/broker as follows:

Supplier/Broker Signature: *Ashante Taylor* _____ Date: _____
Supplier billing address: <u>1221 Lamar Street Suite 750 Houston, Texas 77010</u>

This section is to be completed by the Customer

I authorize the above distribution company to share my interval and/or monthly data with the above until I or my Supplier/Broker notifies you otherwise[2]. The Massachusetts tariff allows for one request per account per calendar year for historical interval data at no charge. I understand that there will be fees assessed for any subsequent interval data requests made with the calendar year. **Constellation NewEnergy will take responsibility for paying any fees for historical or subscription service interval data requests.** Please accept this request for information under the authority of this form as if we made the request directly to you. You are permitted to accept this form as authentic whether it is the original executed document or a copy thereof. By my signature, I affirm that I have the authority to make and sign this request on behalf of my company.

☐ Check this box if you are a Connecticut customer and you authorize your distribution company to release your ICAP Tags (for any and all of your accounts) to the licensed supplier named above when requested.

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

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[1] NSTAR will invoice the Supplier/Broker only, not the customer.
[2] Signatures for historical requests are only valid for one year after the sign date.