



MASSACHUSETTS INTERVAL DATA REQUEST FORM

This section completed by the Supplier/Broker
Distribution Company (circle one): NGRID NSTAR UNITIL WMECO

- Customer Name (as it appears on the bills):

Table with 5 columns: Account Number, Service Address, Billing Name, Billing Address, City/State/Zip

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

- Supplier/Broker Name:
Supplier/Broker Contact:
Supplier/Broker Contact Telephone Number:
Supplier/Broker Contact Email Address:

***CHECK ONE [] Invoice the Customer OR [] Invoice the supplier/broker follows:

Supplier/Broker Date: Signature:

Supplier Billing Address:

This section to be completed by the Customer

I authorize the above distribution company to share my interval data with the above supplier/broker until I or my supplier/broker notifies you otherwise. The tariff allows for one request per account per calendar year for historical data at no charge. I understand that a fee will be assessed for any subsequent request made within the calendar year. Please accept this request for information under the authority of this form as if the request was made directly to you. You are permitted to accept this form as authentic whether it is the original executed document or a copy thereof. My signature affirms that I have the authority to make and sign this request on behalf of my company.

*Customer Signature
*Printed Name
*Title
*Company Name
*Date

Massachusetts tariff allows for one request per account per calendar year for historical data at no charge. If available, I would like to exercise that option now: []YES []NO

1 Signatures for historical requests are only valid for one year after the sign date.