



NATIONAL GRID
RHODE ISLAND INTERVAL DATA REQUEST FORM

This section completed by the Supplier/Broker

- 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.

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

Rhode Island 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.