



Southern California Edison  
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 62506-E\*  
Cancelling Original Cal. PUC Sheet No. 58540-E

Sheet 1

CUSTOMER INFORMATION SERVICE REQUEST FOR  
DEMAND RESPONSE PROVIDER

FORM 14-941

(To be inserted by utility)

Advice 3669-E-A  
Decision 16-06-008

1C19

Issued by  
Caroline Choi  
Senior Vice President

(To be inserted by Cal. PUC)

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**CUSTOMER INFORMATION SERVICE REQUEST FOR  
DEMAND RESPONSE PROVIDERS (CISR-DRP)**

**IMPORTANT INFORMATION FOR CUSTOMERS – BE SURE TO READ FIRST  
THIS IS A LEGALLY BINDING CONTRACT – READ IT CAREFULLY**

Southern California Edison’s (SCE’s) Rule 25 and its corresponding privacy policies, which can be found at <https://www.sce.com/wps/portal/home/privacy>, generally do not allow for the disclosure of customers’ personal information (such as your name, address, phone number, or electric and billing information) to third-parties unless the customer expressly authorizes the disclosure. The purpose of this form is to allow you, the customer, to exercise your right to disclose your personal energy-related information to collaborating Non-Utility Demand Response Providers (DRPs) pursuant to SCE’s Rule 24, so that you may obtain Demand Response services. Rule 24 can be accessed at [https://www.sce.com/NR/sc3/tm2/pdf/Rule\\_24.pdf](https://www.sce.com/NR/sc3/tm2/pdf/Rule_24.pdf). This form may be used for authorization to release Bundled Service, Community Choice Aggregation (CCA) Service, Community Aggregator (CA), and Direct Access (DA) Service customer’s personal energy-related information. In some cases two different DRPs may collaborate to help a customer obtain Rule 24 Demand Response services. Accordingly, this form allows for disclosure of your information to both a Primary DRP and an optional Secondary DRP. Alternatively, each DRP may submit its own CISR-DRP form with your consent to receive personal energy-related information about you. Once you authorize access by the DRP(s) to your personal energy-related information, you are responsible for ensuring that the DRP(s) safeguards this information from further disclosure without your consent. Authorization for SCE to release your information under Rule 24 is a separate agreement from the one you may have or may make with the DRP(s) for its services.

This form also grants the DRP(s) the ability to request that SCE make limited changes to the SCE electric meter(s) serving your Service Account(s), as specified in Section C below.

I, (Customer),

Customer Name According To SCE Records			
Contact Name (if different from above)	First Name	Last Name	
E-Mail Address	Phone Number		

*(You are required to provide at least your e-mail or phone number.)*

Do hereby  AUTHORIZE (Sign Section D)  REVOKE (*check only one*) the following DRP(s) (Sign Section H):

Name of Primary DRP	Fed Tax ID	Rule 24 ID	
Email Address	Phone Number		

*(Complete the following table only if you are authorizing data to be released to a collaborating DRP)*

Name of Secondary DRP	Fed Tax ID	Rule 24 ID	
Email Address	Phone Number		

(T)

(T)



**CUSTOMER INFORMATION SERVICE REQUEST FOR  
DEMAND RESPONSE PROVIDERS (CISR-DRP)**

(T)

Access to the following electric Service Accounts:

SERVICE ADDRESS	SERVICE CITY	SERVICE ACCOUNT NUMBER

*(You can include additional Service Accounts by attaching a list to this form.)*

**TO AUTHORIZE DATA SHARING ONLY**

**A. TIMEFRAME OF AUTHORIZATION**

(Check only one option below)

- Begin today and continue until \_\_\_\_\_ (mm/dd/yyyy) or until revoked by the Customer or DRP
- Begin today and continue indefinitely or until revoked by the Customer or DRP

**B. SUMMARY OF INFORMATION AUTHORIZED TO BE RELEASED**

I, (Customer), authorize SCE to disclose to the above DRP(s) for the Service Account(s) listed above or attached to this form: 1) customer personal energy-related information (e.g. name, service address, rate schedule), 2) access up to 36 months historical as well as ongoing interval meter data and/or monthly usage data, 3) current SCE demand response programs or other non-demand response programs and pilots in which you are known to participate with that may not allow dual participation with the program(s) offered by the above DRP(s), and 4) the information identified in Section D of Electric Rule 24.

**C. CHANGES YOU AUTHORIZE THE DRP(s) TO MAKE ON YOUR BEHALF**

I, (Customer), grant the above DRP(s) permission to request that SCE shorten the interval length of my electric meter(s), as available by SCE, for the Service Account (s) listed above or attached to this form, when the DRP has successfully enrolled and registered my Service Account (s) in the California Independent System Operator's (CAISO) Relevant Systems, if SCE is the Meter Service Provider.

I, (Customer), grant the above DRP(s) permission to revoke this authorization on my behalf at any time and a revocation submitted by any one party shall revoke this Authorization for all of the other parties to this authorization.

**D. CUSTOMER AGREEMENT**

I, (Customer), authorize the actions and changes to be made by SCE as specified in this authorization. I further understand that my information may be transmitted to the above DRP(s) even after the authorization has ended, limited to updates to the data for the time period during which the authorization was valid. In all cases, the Authorization for a Service Account will be automatically revoked when the Service Account is closed.

I, (Customer), understand and agree that if I am on Critical Peak Pricing (CPP), then I will automatically be disenrolled from CPP when my service account has been successfully registered by one of the above DRPs in the CAISO's Relevant Systems. I agree to bear any resulting financial consequences, including without limitation, loss of bill protection, loss of CPP incentives, and reimbursements of incentives paid (where applicable).

(T)



**CUSTOMER INFORMATION SERVICE  
REQUEST FOR  
DEMAND RESPONSE PROVIDERS (CISR-  
DRP)**

I, (If not Customer of Record), declare that I am authorized to execute this on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record.

I, (Customer), understand SCE reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf.

I, (Customer), hereby release, hold harmless, and indemnify SCE from any liability, claims, demands, and causes of action, damages, or expenses resulting from: (1) any release of information to the DRP(s) pursuant to this Authorization; (2) the unauthorized use of this information by the DRP(s) or any other third-party; and (3) any actions taken by the DRP(s) pursuant to this Authorization. I understand that I may revoke this Authorization at any time by submitting a revocation request using this same form or approved electronic process accepted by SCE. I hereby indicate my consent to execute and submit this Authorization electronically or manually.

\_\_\_\_\_  
Authorized Signature of Customer or Agent

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**E. PRIMARY DRP'S AGREEMENT REGARDING CUSTOMER RELEASE OF AUTHORIZATION** (To be completed by the Primary DRP only)

I, (Primary DRP), hereby agree to comply with this agreement, and to release, hold harmless, and indemnify SCE from any liability, claims, demand, causes of action, damages, or expenses resulting from the release or use of customer information obtained pursuant to this Authorization. I also hereby indicate my consent to execute and submit this document electronically.

\_\_\_\_\_  
Authorized Signature of Primary DRP

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**F. SECONDARY DRP'S AGREEMENT REGARDING CUSTOMER RELEASE OF AUTHORIZATION** (To be completed by the Secondary DRP only)

I, (Secondary DRP), hereby agree to comply with this agreement, and to release, hold harmless, and indemnify SCE from any liability, claims, demand, causes of action, damages, or expenses resulting from the release or use of customer information obtained pursuant to this Authorization. I also hereby indicate my consent to execute and submit this document electronically.

\_\_\_\_\_  
Authorized Signature of Secondary DRP

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**G. JURISDICTION OF CPUC**

This agreement at all times shall be subject to such changes, modifications and access to information as the California Public Utilities Commission may direct from time to time in the exercise of its jurisdiction, including without limitation, revisions to the types of customer information to be released under Rule 24.

(T)

(T)



**FOR REVOCATION USE ONLY**

(T)  
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(T)

**H. CUSTOMER REVOCATION OF AUTHORIZATION**

I, (Customer), declare that I am authorized to execute this Revocation manually or electronically on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I hereby revoke the authorization to release information to the DRP(s) listed above. I hereby release, hold harmless, and indemnify SCE from any liability, claims, demands, causes of action, damages, or expenses resulting from: (1) any negligent conduct relating to this revocation; (2) any refusal to release information to the DRP(s) pursuant to this revocation; and (3) any conduct by the DRP(s) in connection with this revocation.

\_\_\_\_\_  
Authorized Signature of Customer or Agent

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**I. DRP REVOCATION OF AUTHORIZATION/DISCONTINUANCE FROM DRP DEMAND RESPONSE SERVICE**

(N)  
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(N)

I, (DRP), hereby revoke the authorization to release the Customer's information to the above designated DRP(s). I hereby release, hold harmless, and indemnify SCE and its agents from any liability, claims, demands, causes of action, damages, or expenses resulting: (1) revocation of the authorization to release information to the above designated DRP(s), (2) from any refusal to release information to the DRP(s) pursuant to this revocation, (3) from any conduct by the DRP(s) in connection with this revocation, and (4) from my failure to timely notify SCE of the Customer's discontinuance from my Demand Response services. I also hereby indicate my consent to execute and submit this Authorization electronically.

\_\_\_\_\_  
Authorized Signature of DRP Requesting Revocation  
(Please indicate Primary or Secondary DRP)

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)