

Revised Cal. PUC Sheet No. 89167-E Cancelling Revised Cal. PUC Sheet No. 58949-E

Sheet 1

## AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

Form 14-796

(To be inserted by utility)

Advice 5430-E

Decision 10-03-022

Issued by

Michael Backstrom

Vice President

(To be inserted by Cal. PUC)
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## AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT - READ IT CAREFULLY

I,								
		NAME						
of _								
		NAME OF CUSTOMER RECORD						
		MAILING ADDDEGO	OITV		OTATE	710	_, and do hereby appoint	
		MAILING ADDRESS	CITY	of	STATE	ZIP		
NAME OF THIRD PARTY MAILING ADDRESS							DDRESS	
		CITY				STATE	ZIP	
to a	act a	s my agent and consultant (Agent	t) for the lis	sted a	count(s) an	nd in the cate	gories indicated below:	
AC	cou	INTS INCLUDED IN THIS AUTHOR	IZATION					
1.								
		SERVICE ADDRESS					SERVICE ACCOUNT NUMBER	
2.								
		SERVICE ADDRESS					SERVICE ACCOUNT NUMBER	
3.								
SERVICE ADDRESS (For more than three accounts, please list additional Service Addresses and Service Account Number						t Numbers on a se	SERVICE ACCOUNT NUMBER	
form		than three accounts, please list additional Se	ervice Address	es anu v	service Account	i Numbers on a se	eparate sheet and attach it to this	
The par req mo	ticuluest st re	MATION, ACTS AND FUNCTIONS pent must thereafter provide spent account(s) before any informed act or function may result in ecent 12 month period.  The put an 'x' inside all applicable between the content of the content and	cific writte nation is i cost to th on my beh	en inst releas e Age	ructions/red ed or action nt. Request	quests (e-ma on is taken. ts for informa	il is acceptable) about the In certain instances, the ation may be limited to the	e (T)
	1.	Request and receive billing records, account(s), as specified herein, regardi					for bill calculation for all of my	/
	2. 3.	EPA Benchmarking Request and receive copies of correspondences	ondence in c	onnacti	on with my ac	rcount(s) concer	ning (initial all that apply):	
ш	Э.	a. Verification of rate, date of rat	e change, an	nd relate	ed information	;	riing (iriitai aii triat appry).	
		<ul><li>b. Contracts and Service Agreer</li><li>c. Previous or proposed issuance</li></ul>	e of adjustme					
	4.	d. Other previously issued or un Request investigation of my utility bill(s		outed bi	lling adjustme	nts.		
	5.	Request special metering, and the righ		nterval ı	usage and oth	er metering data	a on my account(s).	
	6. 7.	Request rate analysis. Request rate changes.						
	8.	Request and receive verification of bala	ances on my	accour	it(s) and disco	ontinuance notic	es.	

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<sup>&</sup>lt;sup>1</sup> The Utility will provide standard customer information without charge up to two times in a 12-month period per service account.

After two requests in a year, I understand the Agent may be responsible for charges that may be incurred to process this request. (T)

## I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS<sup>2</sup> (initial one box only): One time authorization only (limited to a one-time request for information and/or the acts and functions Specified above at the time of receipt of this Authorization). One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization. Authorization is given for the period commencing with the date of execution until (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein **RELEASE OF ACCOUNT INFORMATION:** The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply): Hard copy via US Mail (if applicable): \_\_\_\_ Facsimile at this telephone number: Electronic format via electronic mail (if applicable) to this e-mail address: I (Customer), \_\_\_\_\_\_(print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document 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 further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. [This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).] AUTHORIZED CUSTOMER SIGNATURE TITLE (IF APPLICABLE) TELEPHONE NUMBER Executed this \_\_\_\_\_ day of \_\_\_\_ at \_\_\_\_\_CITY AND STATE WHERE EXECUTED I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes. I agree to be responsible for charges that may be incurred to process requests associated with this form, as specified in SCE's tariffs. I also hereby indicate my consent to execute and submit this signature electronically. AGENT SIGNATURE TELEPHONE NUMBER COMPANY Executed this \_\_\_\_\_day of \_\_\_\_ YEAR

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<sup>&</sup>lt;sup>2</sup> If no time period is specified, authorization will be limited to a one-time authorization.