



Electricity Service Data Release Form

417 Denison Street - Highland Park, New Jersey 08904
(732) 296-0770 - Fax (732) 296-0799 - data@gabelassociates.com

RETURN THIS FORM TO GABEL ASSOCIATES

My Electric Utility is:
[Select only one utility per form]

- PSE&G (Public Service Electric and Gas)
- JCP&L (Jersey Central Power and Light)
- AE (Atlantic Electric)
- RECO (Rockland Electric)

I hereby authorize my electric utility to act on my behalf for the purpose of obtaining information about my historical energy usage and billing information and consent to the release of same so that the Consultant named herein may evaluate my energy usage patterns and solicit offers to supply energy. The utility considers all customer usage information to be confidential. This authorization in no way binds me to the purchase of any service or product and is to be used for the sole purpose of determining my offer price of electricity service or the provision of other energy related services.

This letter serves as your authorization to release and send relevant records regarding my facilities' electric consumption and billing for the accounts listed below. Please release and provide all customer electricity usage data including but not necessarily limited to:

- 12 Months of Kilowatt-Hour usage and demand in Kilowatts by time of use (On Peak/Off Peak/Intermediate) as available
- 12 Months of interval meter data (hourly or 15 minute as available) in electronic format
- Capacity Obligation and Transmission Obligation, in Kilowatts, current and prospective as available

Gabel Associates shall be authorized to obtain this data by EDI or by email request directly from the utility on the customer's behalf.

Company Name : _____

Service Address: _____

Mailing Address: _____

NOTE: PSE&G Customers, please provide 2 letter, 18 digit PODID numbers (example: "PE123456789012345678"). We cannot process PSE&G requests without PODID numbers.

JCP&L Customers, please provide 20 digit Customer Numbers. We cannot process JCP&L requests without 20 digit Customer Numbers.

Account/Customer/PODID Numbers: *[If more space is required attach and initial additional pages]*

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

I acknowledge that this authorization shall be valid for 5 years from this date: *[Signature required]*

Signature: _____ Date: _____