

**MASSACHUSETTS DATA REQUEST FORM**  
**Authorization for Release of Billing History & ICAP Tag Information**  
**This is to be completed by the Supplier/Broker**

**Distribution Company (circle one):**    **NGRID**    **EVERSOURCE**    **UNITIL**    **WMECO**

• Customer Name (as it appears on the bill):

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".*

- Broker Name: AllMass Energy, LLC
- Broker Contact: Kandi Perry
- Broker Contact Telephone Number: (888) 595-3535
- Broker Contact Email Address: **kperry@allmassenergy.com**

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: 7 Tulip Circle, Haverhill, MA 01830

**This section is to be completed by the Customer**

I authorize the above distribution company to share my historical usage and billing data with the above supplier/broker until I or my supplier/broker notifies you otherwise<sup>1</sup>. 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 \_\_\_\_\_

<sup>1</sup> Signatures for historical requests are only valid for one year after the sign date.