



INTERVAL DATA REQUEST FORM
This is to be completed by the Supplier/Broker

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

LDC	Account Number	Service Address	Rate Code
UNITIL			

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 as follows:

Supplier/Broker Signature: _____ Date: _____
 Supplier Billing Address: _____

This section is to be completed by the Customer

I authorize the above distribution company to share my interval data with the above until I or my Supplier/Broker notifies you otherwise. _____ **will take responsibility for paying any fees for historical or subscription service interval data requests.** Please accept this request for information under the authority of this form as if we made the request directly to you. You are permitted to accept this form as authentic whether it is the original executed document or a copy thereof. By my signature, I affirm that I have the authority to make and sign this request on behalf of my company.

*Customer Signature _____
 *Printed Name _____
 *Title _____
 *Email Address _____
 *Company Name _____
 *Date _____

UNITIL Email Requests to: EL_supplierservices@unitil.com

Historical request for Interval Data:

Initial Request – covering a single calendar year _____ \$56.90

Subsequent historical request within same calendar year

Single Retail delivery service account and additional retail delivery service account
\$56.90 per account x # of meters (_____) _____

Annual Subscription

Single retail delivery service account
\$455.14 per account x # of meters (_____) _____

Total Charges \$ _____