

Interval Data Request Form

Pursuant to our tariff, historical interval usage data, if available, will be provided to authorized competitive suppliers for a fee of **\$25.00 per month of data per account**. All sections must be completed.

This section must be completed by the supplier.			
2100	Request Type (Select One)	First Full Month/Year of Data	Last Full Month/Year of Data
	Ad-hoc Request for Historic Data	That Full Month Feat of Data	Last Full Month / Fear of Data
	Subscription Request for Future Data		
Mem	ber Name as it appears on the bill:	,	
	Account Number	Service Address	Rate Code
1			
2			
3			
4			
5			
Suppl	lier will be invoiced \$25 per month of data per	account.	
	lier Name:		
Supplier Contact Person Signature: Date:		Date:	
Supplier Contact Printed Name:			
Supplier Contact Phone Number:			
Supplier Contact Email Address:			
Supplier Billing Address			
		-	
Thi	s section must be completed by the me	ember.	
notifi curre interv Coop	corize New Hampshire Electric Cooperative to es you otherwise. This authorization is valid for month, and one year of future monthly interval data requests. Please accept this request for erative is permitted to accept this form as authority in that I have the authority to make a	or up to one year of historical interval data frowal data. I understand the Supplier will take to interval data under the authority of this formentic whether it is the original executed documents.	om the month of my signature, the responsibility for paying any fees for a. New Hampshire Electric ment or a copy thereof. By my
Member Signature:			Date:
Printe	ed Name:		
Title:			
Com	pany Name:		
Suhm	it completed form to CompetitiveSuppliers@nk	hec com	

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