Revised Cancelling Original Cal. P.U.C. Sheet No. Cal. P.U.C. Sheet No. 34436-G 30112-G



Gas Sample Form No. 79-1147 Sheet 1 AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO RECEIVE CUSTOMER USAGE INFORMATION

> Please Refer to Attached Sample Form



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AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO RECEIVE CUSTOMER USAGE INFORMATION

IMPORTANT INFORMATION FOR CUSTOMERS – BE SURE TO READ FIRST THIS IS A LEGALLY BINDING CONTRACT – READ IT CAREFULLY

Under Pacific Gas and Electric Company's (PG&E's) privacy policies, which can be found at [www.pge.com/about/company/privacy/customer], PG&E generally does not sell or disclose personal information about you, such as your name, address, phone number, or electric or gas account and billing information, to third parties unless you expressly authorize us to do so. The purpose of this form is to allow you, the customer, to exercise your right to choose whether to disclose your personal electricity and/or natural gas usage data to a third party. Once you authorize a third party to access personal information about you, you are responsible for ensuring that the third party safeguards the personal information from further disclosure without your consent.

This form authorizes the third party of the customer's choosing to access the customer's electricity and/or natural gas meter usage data only. If customer intends to authorize a third party to receive additional billing records or billing information and/or allow a third party to act as an agent of the customer for purposes of the customer's account and services with PG&E, then the customer must complete the "Authorization To: Receive Customer Information or Act on a Customer's Behalf" Form (Form 79-1095) which can be accessed here www.pge.com/tariffs.

This agreement at all times shall be subject to such modifications as the California Public Utilities Commission may direct from time to time in the exercise of its jurisdiction.

ι,								
NAME				TITLE (IF APPLICABLE) (Customer) have the following mailing address				
of								
	NAME OF CUSTOMER RECOR	RD	_					
						, and do hereby authorize		
	MAILING ADDRESS	CITY	of	STATE	ZIP			
	NAME OF THIRD PARTY				MAILING ADD	DRESS		
	CITY				STATE	ZIP		
То ассе	ess electricity and/or natural gas	s meter usage	e data	for the listed	account(s)	ndicated below:		
ACCOU	INTS INCLUDED IN THIS 🗌 AUT	HORIZATION	I OR		TION (Please	check one)		
1.								
	SERVICE ADDRESS				5	SERVICE ACCOUNT NUMBER		
2.								
	SERVICE ADDRESS				S	SERVICE ACCOUNT NUMBER		
3								
	SERVICE ADDRESS					SERVICE ACCOUNT NUMBER		

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

If authorization is being revoked, please continue to the last section "Customer Authorization For Revocation" for your signature. To grant your authorization, please continue to complete the section below.

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the third party to request and receive electricity and/or natural gas meter usage data for the account(s) specified above. Requests for information may be limited to the most recent 12 month period.



AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO RECEIVE CUSTOMER USAGE INFORMATION

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ELECTRICITY AND/OR NATURAL GAS METER USAGE DATA TO THE THIRD PARTY INDICATED HEREIN FOR THE FOLLOWING PERIOD OF TIME (IF INDEFINITE, THIS AUTHORIZATION WILL ONLY BECOME INVALID WHEN A REVOCATION REQUEST IS SUBMITTED TO PG&E OR THE ACCOUNT(S) ARE CLOSED):

[] Beginning _____ and continuing until _

[Date]

[Date]

OR

[] Indefinite until I revoke this authorization or my account(s) are closed.

RELEASE OF ACCOUNT INFORMATION:

PG&E will provide the information requested above, to the extent available, via any one of the following. The preferred format is (check all that apply):

Hard copy via US Mail (if applicable):	
Facsimile at this telephone number:	
Electronic format (if via electronic mail, send to this e-mail address):	

CUSTOMER AUTHORIZATION TO RELEASE INFORMATION

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 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 understand PG&E reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize PG&E to release the requested information on my account or facilities to the above designated Third Party I hereby release, hold harmless, and indemnify PG&E from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Third Party pursuant to this Authorization; 2) the unauthorized use of this information by my Third Party; and 3) from any actions taken by my Third Party pursuant to this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

AUTHORIZED CUSTOMER SIGNATURE					TELEPHONE NUMBER				
Executed this	_ day of	MONTH	YEAR	at _	CITY AND STATE WHERE EXECUTED				
CUSTOMER AUTHORIZATION FOR REVOCATION									
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 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 hereby revoke my authorization to release information to the above designated Third Party. I hereby release, hold harmless, and indemnify PG&E from any liability, claims, demands, causes of action, damages, or expenses resulting from: (1) any negligent conduct relating to this revocation. (2) from any refusal to release information to the above designated Third Party pursuant to this revocation: (3) for any conduct by my previously designated Third Party in connection with his revocation.									
AUTHOR	RIZED CUSTOM	ER SIGNATURE			TELEPHONE NUMBER				
Executed this	_ day of	MONTH	YEAR	at _	CITY AND STATE WHERE EXECUTED				

Automated Document, Preliminary Statement, Part A