

Cal. P.U.C. Sheet No. Cal. P.U.C. Sheet No. 48588-E 42813-E\*

Electric Sample Form No. 79-1095

Sheet 1 Authorization to Receive Customer Information or Act Upon a Customer's Behalf

> **Please Refer to Attached** Sample Form



## AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT UPON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT, PLEASE READ CAREFULLY

(Please Print or Type)

	NAME		TITLE (IF APPLICABLE		
			(Customer) have the following mailing addres		
	NAME OF CUSTOMER O	FRECORD			
			OTATE		, and do hereby appoint
	MAILING ADDRESS	CITY	STATE	ZIP	
		of			
	NAME OF THIRD PART	TY ADDRESS		N	<i>I</i> AILING
	CITY	Y		STATE	ZIP
1. SE	ERVICE ADDRESS	CITY			SERVICE ACCOUNT NUMBER
	ERVICE ADDRESS	CITY			SERVICE ACCOUNT NUMBER
2.	ERVICE ADDRESS	CITY			SERVICE ACCOUNT NUMBER
3.					
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(For more the second se	han three accounts, please list additional accounts, please list additional accounts, ATION, ACTS AND FUNCTIONS AL specific written instructions/request is taken. In certain instances, the ion may be limited to the most reco	unts on a separate sheet and attach it to JTHORIZED – This authorizati sts (e-mail is acceptable) abo e requested act or function ma ent 12 month period.	on provides autho ut the particular ac ay result in cost to	count(s) bef you, the cus	gent. The Agent must therea fore any information is releas stomer. Requests for
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† Information collected on this form is used in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.



## AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT UPON A CUSTOMER'S BEHALF

## I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS<sup>2</sup> (<u>initial</u> one box only):

<sup>2</sup> If no time period is specified, authorization will be limited to a one-time authorization



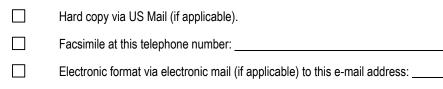
One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).

One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.

Authorization is given for the period commencing with the date of execution until \_\_\_\_\_\_(Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

## RELEASE OF ACCOUNT INFORMATION:

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



AUTHC	RIZED CUSTOMER	SIGNATURE		TELEPHONE NUMBER
Executed this	day of	MONTH	YEAR	at CITY AND STATE WHERE EXECUTED
	customer informati			lity, claims, demand, causes of action, damages, or expenses ation and from the taking of any action pursuant to this
AGENT SIGNATURE				TELEPHONE NUMBER
COMPANY Executed this	day of			-
		MONTH	YEAR	
Automated Document, F	Preliminary Stater	nent A		Page 2 of