

## Letter of Authorization for the Request of Historical Usage Information Form (English)

Reference: Section 7.5.1, Overview of the Letter of Authorization for Historical Usage

Date: 2025      Expiration Date/Unlimited: Unlimited

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### Select Transmission and/or Distribution Service Provider (TDSP) (Required: Select the TDSP the request applies to.)

- |                                |   |                                    |
|--------------------------------|---|------------------------------------|
| <input type="checkbox"/> Oncor | <input type="checkbox"/> CenterPoint Energy | <input type="checkbox"/> Sharyland |
| <input type="checkbox"/> AEP   | <input type="checkbox"/> TNMP               | <input type="checkbox"/> Nueces    |

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Please accept this letter as a formal request and authorization for the above referenced TDSP to release energy usage data, including kWh, kVA or kW, and interval data (if applicable) at the following location(s) to Redshield Consulting. This information request shall be limited to no more than the most recent 12-month period of service. If the Electric Service Identifiers (ESI ID(s)) are metered using an Interval Data Recorder (IDR), please indicate whether summary level and/or interval data is required.

- Summary Billing Data Only       Interval Data Only       Both Summary and Interval Data

Please forward usage and Load information in electronic (Microsoft Excel) format using Retail Market Guide Section 9, Appendices, Appendix B4, Transmission and/or Distribution Service Provider Response to Request for Historical Usage, to:

E-mail: [eric.red.shield@gmail.com](mailto:eric.red.shield@gmail.com)

PUCT #: BR190877

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. The TDSP will reject submitted ESI IDs that are not located within the TDSP's territory.

Service Address

ESI ID Number (found on bill)

**AUTHORIZATION – see next page**

**AUTHORIZATION**

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Company)

By checking this box, (requesting party) Red Shield Consulting affirms that they have authorization from the Customer identified below to obtain Customer's historical usage information and holds the TDSP harmless for providing the historical data to requested party as identified on this form.

\_\_\_\_\_  
(Name, printed)

\_\_\_\_\_  
(Billing Street Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)