



**Connecticut Natural Gas Corporation
Southern Connecticut Gas Company
REQUEST FOR CUSTOMER CONSUMPTION**

This is to authorize the release of a 12-month consumption history for my account(s).

DATE _____

NAME OF REQUESTER _____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

and/or

POD ID NUMBER _____

AUTHORIZED CUSTOMER SIGNATURE _____

PRINTED AUTHORIZED CUSTOMER NAME _____

TELEPHONE _____

E-MAIL _____

(Optional)

NOTE: If 3 or more accounts, please provide list of account numbers in an excel spreadsheet.

