

Rhode Island Online Interval Data Request Form

EPO Supports Retail Data ONLY

Please complete and email this form as an attached file to: IntervalDataRequests@NationalGrid.com

To be completed by Supplier/Third Party

Customer Name (as it appears on the bill): _____

Account Numbers	Billing Name	Service Address

**** Please attach additional accounts as needed, and reference accordingly with "see attached" ****

- Supplier/Third Party Name: _____ •
- Supplier/Third Party Contact: _____
- Supplier/Third Party Contact Telephone Number: _____ •
- Supplier/Third Party Contact Email Address: _____
- Supplier/Third Party Signature: _____ Date: _____
- Supplier/Third Party Billing Address _____

To be completed by Customer

I authorize the above distribution company to share my interval data with the above supplier/broker until I or my supplier/broker notifies you otherwise. For any given account, the tariff allows for an initial request per calendar year regardless if the request is from the customer or a supplier. I understand that a fee will be assessed for any subsequent request made within the calendar year.

Please accept this request for information under the authority of this form as if the request was made directly to you. You are permitted to accept this form as authentic whether it is the original executed document or a copy thereof. My signature affirms that I have the authority to make and sign this request on behalf of my company.

*Customer Signature _____

*Printed Name _____

*Title _____

*Company Name _____

*Date _____

****Customer signature is only valid for one year after the signing date****

Type of Interval Data Request – Please choose 1 ONLY

☐ **Two Weeks Online
Access to Data**

☐ **One Year Online
Access to Data**

**Price = \$83, each additional account requested for the same company is \$6.41

**Price = \$154, each additional account requested for the same company is \$76.89