



50 Santa Rosa Ave., 5<sup>th</sup> Floor  
Santa Rosa, CA 95404

[sonomacleanpower.org](http://sonomacleanpower.org)

## Authorization to Receive Customer Information or Act on a Customer's Behalf

**This is a legally binding contract, please read carefully.**

This Authorization form permits Sonoma Clean Power Authority (SCP) customers to delegate certain rights and authority to third parties. The SCP Customer may permit a third party (Agent) to receive Customer information or transact business on the Customer's behalf. The Customer must specify what information the Agent is entitled to receive, what (if any) acts the Agent may transact on the Customer's behalf, and whether the authorization is on a one-time or longer-term basis (not to exceed three years).

***This Authorization provides authority to the Agent to act on the Customer's behalf.*** The Agent must thereafter provide specific written instructions or requests (e-mail is acceptable) about particular Customer account(s) before SCP will release any information or take any action. In certain instances, the requested act may result in a cost to the Customer. Requests for Customer information may be limited to the most recent 12-month period. SCP will provide standard customer information without charge up to two times in a 12-month period per service account. After two requests in a year, SCP will charge the Customer for each additional request.

### **Sonoma Clean Power Customer (Customer)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ (Customer Name on Account)  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Agent Authorized to Receive Account Information (Agent)**

Agent's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agent's Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Accounts Included in this Authorization**

	<b>Service Address &amp; City</b>	<b>PG&amp;E Account No. or SA ID</b>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

All accounts listed under Customer Name (s): \_\_\_\_\_

**Customer authorizes Agent to act on their behalf to perform the following specific acts and functions (check all that apply):**

- Request and receive billing records, billing history and all meter usage data for authorized account(s).
- Request and receive copies of correspondence in connection with authorized account(s) concerning (check all that apply):
  - Verification of rate, date of rate change, and related information;
  - Previous or proposed issuance of adjustments/credits; or
- Request rate analysis.
- Request and receive verification of balances on authorized account(s).

**Customer is authorizing Agent for the following time period (check only one):**

- 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.

**Method of Sending Account Information to Agent**

SCP will provide requested information by one of the following methods (check one).

E-Mail (Preferred)

Fax

Mail

\_\_\_\_\_

The undersigned declares under penalty of perjury under the laws of the State of California that he/she is the Customer (or is authorized to execute this document on behalf of the Customer) listed at the top of this form, and has authority to financially bind the Customer. Customer certifies that Agent has authority to act on Customer's behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. Customer understands that SCP reserves the right to verify any authorization request submitted before releasing information or taking any action on Customer's behalf. Customer authorizes SCP to release the requested information on authorized account(s) to Agent listed above. Customer hereby releases, holds harmless, and indemnifies SCP from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to Agent pursuant to this Authorization; 2) any unauthorized use of this information by Agent; and 3) any actions taken by Agent pursuant to this Authorization, including Customer rate changes made at the Agent's direction. The undersigned understands that he or she may cancel this authorization at any time by submitting a written request. This form must be signed by someone who has authority to act on behalf of and financially bind the Customer (for example, an officer of a corporation).

Authorized Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent hereby releases, hold harmless, and indemnifies SCP from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization, and from the taking of any action pursuant to this authorization, including rate changes made at the Agent's direction.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed application to SCP:**

E-Mail (Preferred)  
[answers@sonomacleanpower.org](mailto:answers@sonomacleanpower.org)

Fax  
(707) 978-3471

Mail  
Sonoma Clean Power  
PO Box 1030  
Santa Rosa, CA 95402

Please keep a copy of the completed authorization form for your records.