

**Home Energy Solutions Program
Customer Authorization to Release Electricity/Natural Gas Usage Data**

This form permits customers to authorize specified third parties to receive specified information provided by the specified utility, hereinafter referred to as "Utility." This form must be completed in its entirety and signed by the person or entity requesting the customer information and the customer of record (or someone who is legally authorized by the customer to release such information).

Request for Release of Customer Information

The undersigned requester ("Requester"), hereby requests the information authorized by the Customer to be released as set forth below. Requester agrees to indemnify, release and hold harmless Northeast Utilities Service Company and its affiliates, and its and their employees, officers and agents from any against any claims, damages or expenses resulting from the use of the Customer Information provided to the undersigned Requester (including any unauthorized disclosure thereof) and further agrees not to provide the information to any other party or to use the information for any purposes not expressly authorized by Customer.

New England Smart Energy Group, LLC
Requester Name (please print)

Stephenie Weiner, CEO
Requester's Authorized Signature and Title

34 Sherman Court, Fairfield CT 06824
Address

203-292-8088 203-292-8089 hesprogram@ne-smartenergy.com
Telephone number Fax Number Email Address

Customer Authorization

The undersigned Customer hereby authorizes the Utility identified below or its agent, to release natural gas and/or electricity usage information identified below ("Information") to the Requester identified above. *If a company, business or similar entity, the undersigned signatory executing this release certifies that he/she has authority on behalf of the Customer to authorize the release of the indicated Customer information.* Customer hereby releases Northeast Utilities Service Company and its affiliates, and its and their employees, officers and agents from any and all liability associated with this authorization and the disclosure of the information to, and use of such information by Requester and any use of such Information and authorization.

Customer Name Telephone Number

Customer Signature or Authorized Signature Date

If Authorized Signature, explanation of authority

Customer Service Address:

Check Applicable Utility Information Authorized to be Released:

Utility Account:

The Connecticut Light and Power Company (CL&P)

Account Number _____

Yankee Gas Services Company (Yankee)

Account Number _____

Time Period

Effective Date (Check one box only) *If no time period is specified, the authorization will be for the twelve month period immediately preceding the date of Customer's signature above.*

- Monthly usage information from the date of Customer's signature through the expiration date of _____/_____/_____ (mm/dd/yy)
- Monthly usage information from a date prior to the signature below (up to 12 months) _____/_____/_____ (mm/dd/yy) through the expiration date of _____/_____/_____ (mm/dd/yy)
- Monthly usage information for the twelve month period immediately preceding the date of Customer's signature above. One time authorization—A limited inquiry for monthly usage information, one time only

Completed forms should be sent to:

Northeast Utilities Service Company
Home Energy Solutions Program
P.O. Box 270
Hartford, CT 06101-9900