

OMA Energy Group

PARTICIPANT LETTER OF AUTHORIZATION



I hereby authorize

NAME OF UTILITY:	
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to provide as requested orally or in writing, all information relative to utility history, including, but not limited to: 12 month consumption history, load profiles, and interval metered data for the accounts identified below to the **OMA Energy Group**. This Participant Letter of Authorization shall apply from the start of the execution date set forth below and remain effective until the participant is no longer a member of the OMA Energy Group.

Signature	Date
Name of primary contact	Title
Company name <i>(as it appears on utility bill)</i>	
Phone	Email

Please complete the following information for all service addresses served by this utility:

Utility Customer Number or Account Number	Service Address
	Street Address City / State / ZIP
	Street Address City / State / ZIP
	Street Address City / State / ZIP
	Street Address City / State / ZIP
	Street Address City / State / ZIP
	Street Address City / State / ZIP

