## Appendix A **DATA ACCESS REGISTRATION FORM**

Name of Registrant:		D&B DUNS Nu	D&B DUNS Number:	
Please state whether Registrant is a Curtailment Service Provider or			Years in Business:	
Conservation Service Pro	vider :	URL for Registra	ant's Website:	
Contact Name:		Title:	Title:	
E-mail:		Phone:		
Address:	City:	State:	Zip Code:	
("Company of the company of the comp	r both, Customer Data maintaine any"), Registrant must submit electron.com/third party data access	ectronic requests vi ss.html. For the spec	a the secure portal available at	
The submission of this Record all the terms, condition Utility Commission (the "By sending an electronic of the such custome 1. Registrant has of the to such custome 2. Registrant will and ensure the such and regulatory of the such customers are utility and ensure the such customers and regulatory of the such customers accuracy, computed in the such customers are such as the such customers are such customers.	s, and requirements of the Third-Par Commission" or "PUC") at Docke request for Customer Data to PA Contained valid and appropriate customer. The treat data specific to a Customer the confidentiality of such data specific orders or rules. Specific data that Registrant accessed leteness, or fitness for any purpose fic to a Customer must not be sold des to indemnify, defend, and hold the	constitute the Registrarty Data Access Tar t Nos. A-2023-3038' OM, Registrant repromer authorization to at it accesses or retrict to such Customer in the company harmless on any act or omission (any act or omission) Registrant's use of	esents and warrants that: o access or retrieve, or both, data specific eves, or both, as confidential information n accordance with all applicable statutes th, have no warranties with respect to her entity for any purpose. es from any losses, claims, or liabilities n of Registrant in connection with the data specific to a Customer that it	
The undersigned representhe terms and conditions s		nuthority to act on be	half of and to bind Registrant to perform	
Signature of Authorized Representative:		Date:		
Name:		Title:		

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