



To Whom It May Concern:

Please be advised that _____ (“Municipality”) hereby appoints NYMEP/Good Energy, L.P. as its **exclusive** agent with authority to act on Municipality’s behalf in regards to the following functions including, but not limited to:

- Secure information for commodity pricing, tariff and/or tariff rate contracts, rate comparisons, notices of tariff changes, billing/cost information, load data, interval load data, and credit information.
- Deal with Energy Services Company (“ESCO”), Utilities and others in issues relating to Agreements, Assignments and other related issues.

This authorization agreement does NOT extend the right for NYMEP/Good Energy, L.P. to sign or execute any commodity contract without the express written consent of Municipality.

Information is to be provided as requested by NYMEP/Good Energy, L.P. via written or electronic format to the following address:

NYMEP/Good Energy, L.P.
 232 Madison Avenue, Third Floor
 New York, NY 10016
 Phone: 212-792-0222
 Fax: 866-275-3083
 Email: edwardcarey@goodenergy.com

Municipality would like NYMEP/Good Energy, L.P. to obtain bids exclusively on Municipality’s behalf from all certified ESCOs and all Retail Natural Gas ESCOs supplying electricity and natural gas in New York State.

Municipality hereby authorizes NYMEP/Good Energy to act as Municipality’s agent for the sole purpose of granting like authorization to third party electric and natural gas suppliers to receive Data directly from the local distribution utility company.

This authorization agreement shall be effective from the date written below and shall remain in full force and effect until terminated by Municipality or NYMEP/Good Energy, L.P. upon thirty (30) days prior written notice. Notice information for said parties is set forth below:

Municipality Account: _____
 Billing Address: _____
 Current ESCO and Expiration Date: _____
 Utility: _____
 Municipal Contact Person: _____
 Email: _____ Phone: _____

The above information should be provided to Good Energy, L.P. for the following accounts: Additional sheet attached

Account #: _____ Account #: _____
 Account #: _____ Account #: _____

This authorization is effective as of the date of the signature below and remains an open authorization until rescinded.

Name: _____ Title: _____
 Signature: _____ Date: _____

