## Usage History Inquiry Tool Connectivity Profile

## How to fill out this form

Third Parties that desire to utilize the Usage History Inquiry Tool must fill out the authorized and approved form. Do not modify, add company logos or change the format of this form in any way. No other version of this form will be accepted.

Please contact the CenterPointEnergy CR Relations at <a href="mailto:CR.Support@CenterPointEnergy.com">CR.Support@CenterPointEnergy.com</a> if you have any questions on how to complete this form.

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Addres	ss:			
City	/:			
State:		Zip:		
y DUN	S Number:		(If applicable)	
	Company	Contact Information		
	1 1	IT Con	ntact	
(	Connectivity Primary Contact			
	Telephone:			
	Cell/Pager:			
	E-mail:			
C	Connectivity Secondary Contact			
	Telephone:			
	Cell/Pager:			
	E-mail:			
P	Production IT Contact			
	Telephone:			
	Cell/Pager:			
	E-Mail:			
		Business	Contact	
P	Primary Contact:			
	Title:			
	Department:			
	Telephone:			
	Cell/Pager:			
	E-mail:			
S	econdary Contact:			
ř	Title:			
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	Telephone:			
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E-mail:

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