🕼 Unitil

INTERVAL DATA REQUEST FORM

This is to be completed by the Supplier/Broker

LDC	Account Number	Service Address	Rate Code
UNITIL			
I			
Please attach attach dattached".	additional accounts as needed, and	d reference accordingly in the table of	above with "see
• Supplier/Bro	ker Name:		
• Supplier/Bro	kerContact:		
	er Contact Telephone Number:		
Supplier/Bro	ker Contact Email Address:		
***CHECK O	NE Invoice the custome	r <u>OR</u> Invoice the suppli	er/broker as follows:
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Supplier/Brok	er Signature:	Date:	
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