

## FORM 1A ACCESS AGREEMENT

### NOTE:

- Access agreement to be used for Implementer access where monitoring equipment is not installed. LMSI is the Implementer
- As used throughout this document, Implementer and Owner are individually referred to as “Party” and collectively the “Parties”.

### INTRODUCTION

This agreement is between Lockheed Martin Services, Inc. (LMSI) and

---

(Owner).

For the purpose of an Energy Efficiency Audit and/or Technical Analysis Study (Analysis) and to define the “Project”, Owner grants access to location described below as “Facility”.

---

The Owner agrees to grant Implementer access to that Facility for the purposes of defining this Project.

LMSI is receiving funds from PG&E for this project, but parties agree that PG&E is not liable to either party for any losses or damages, including incidental or consequential damages, arising from this Agreement.

The following terms will govern this Project:

### LMSI AGREES:

1. **Owner Convenience.** To coordinate visits to the Facility with the Owner, so as to minimize any disruptions or inconvenience to the Owner.
2. **Costs.** To bear all of the actual costs associated with performing the Analysis.
3. **Confidentiality.** Not to use the names or identifying characteristics of the Owner or Owner’s Facility for published project reports, advertising, sales promotion or other publicity or public disclosure without the Owner’s written approval.

### OWNER AGREES:

4. **Permission.** To permit LMSI, its subcontractors or PG&E, to visit and monitor the Facility for purposes of the Analysis and the Project.
5. **Access.** To permit LMSI reasonable access to and egress from the Facility during normal business hours to carry out the work of this Analysis, and to direct Owner’s employees and contractors to cooperate with LMSI in the conduct of this Analysis.
6. **Confidentiality.** Not to use the names or identifying characteristics of LMSI for any advertising, sales promotion or publicity or public disclosure of any kind without prior written approval by LMSI.

**BOTH PARTIES AGREE:**

7. NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES.
8. **Term of Agreement.** The term of this Agreement shall not exceed \_\_\_\_\_ month(s) without written agreement of both Parties.
9. **Ownership of Information.** Implementer may provide the Owner with information about its findings regarding this Project, but Implementer shall have all ownership rights, including exclusive copyright ownership, in all data, reports, research results, summaries, information, or other written, recorded, photographic or visual materials (hereinafter "Information") produced by implementer during the term of this agreement.
10. **If Tenant.** If the Facility is under lease, the Owner's tenant who controls the Facility, by executing this agreement, assumes the rights and obligations of the Owner hereunder.
11. **Use of Information.** Customer agrees not to use the names or identifying characteristics of PG&E or LMSI for published reports, advertising, sales promotion or other publicity without PG&E's or LMSI's written approval.

**AGREED AND ACCEPTED:**

**Lockheed Martin Services, Inc.**

**OWNER (or TENANT if applicable)**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## FORM 1B ACCESS AGREEMENT

### NOTE:

- Access agreement to be used for Implementer access where monitoring equipment will be installed. LMSI is the Implementer.
- As used throughout this document, Implementer and Owner are individually referred to as “Party” and collectively the “Parties”.

### INTRODUCTION

This agreement is between Lockheed Martin Services, Inc (LMSI) and  

---

  
(Owner).

For the purpose of an Energy Efficiency Audit and/or Technical Analysis Study (Analysis) and to define the “Project”, Owner grants access to location described below as “Facility”.  

---

The Owner agrees to grant Implementer access to that Facility for the purposes of defining this Project.

LMSI is receiving funds from PG&E for this project, but parties agree that PG&E is not liable to either party for any losses or damages, including incidental or consequential damages, arising from this Agreement.

The following terms will govern this Project:

### LMSI AGREES:

1. **Owner Convenience.** To coordinate visits to the Facility with the Owner, so as to minimize any disruptions or inconvenience to the Owner.
2. **Installation.** To install, operate and maintain any test or monitoring Equipment necessary for the Project in a manner that is acceptable to the Owner.
3. **Costs.** To bear all of the actual costs associated with performing the Analysis.
4. **Compliance with Laws.** To comply with all federal, state, and municipal laws, ordinances, rules, orders, and regulations, which apply to its actions at the Facility or to the Project.

5. **Confidentiality.** Not to use the names or identifying characteristics of the Owner or Owner's Facility for published project reports, advertising, sales promotion or other publicity without the Owner's written approval.
6. **Removal.** To remove the Equipment upon completion of the Project, and to leave the Facility in substantially the same condition it was prior to the Project.

**OWNER AGREES:**

7. **Permission.** To permit LMSI, its subcontractors, or PG&E to visit and monitor the Facility, and to install the Equipment for purposes of the Project.
8. **Access.** To permit LMSI or its subcontractors reasonable access to and egress from the Facility during normal business hours to carry out the work of this Analysis, and to direct Owner's employees and contractors to cooperate with LMSI in the conduct of this Analysis.
9. **Equipment Ownership.** That Owner has no ownership, interest or title in the Equipment.
10. **Removal.** To permit removal of the Equipment at any time by LMSI or its subcontractors.
11. **Confidentiality.** Not to use the names or identifying characteristics of LMSI, its subcontractors or PG&E for any advertising, sales promotion or publicity of any kind without prior written approval by LMSI or PG&E.

**BOTH PARTIES AGREE:**

12. NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES.
13. **Term of Agreement.** The term of this Agreement shall not exceed \_\_\_\_ month(s) without written agreement of both Parties. It is anticipated that the test period will be approximately \_\_\_\_ month(s) from installation of the Equipment.
14. **Termination.** Either party shall have the right to terminate this Agreement at any time. In the event of termination, Implementer shall be granted access to the Facility in order to remove the Equipment. Furthermore, the provisions of this Agreement regarding use of names and ownership (clauses 5, 11 and 15) shall remain in force following termination.
15. **Ownership of Information.** Implementer may provide the Owner with information about its findings regarding this Project, but Implementer shall

have all ownership rights, including exclusive copyright ownership, in all data, reports, research results, summaries, information, or other written, recorded, photographic or visual materials (hereinafter "Information") produced by Implementer during the term of this agreement.

16. **General.** This Agreement shall be binding upon and inure to the benefit of any successors, transferees, heirs and assigns of the Parties. Nothing in this Agreement shall be construed to create any duty to, any standard of care with reference to, or any liability to any third party. This Agreement shall be construed and interpreted in accordance with the laws of the State of California, excluding any choice of law rules that may direct the application of laws of another jurisdiction.
17. **Entire Agreement.** This Agreement constitutes the entire agreement and understanding between the Parties as to the subject matter of the Agreement.
18. **If Tenant.** If the Facility is under lease, the Owner's tenant who controls the Facility, by executing this agreement, assumes the rights and obligations of the Owner hereunder
19. **Use of Information.** Customer agrees not to use the names or identifying characteristics of PG&E or LMSI for published project reports, advertising, sales promotion or other publicity without PG&E's or LMSI's written approval.

**AGREED AND ACCEPTED:**

**Lockheed Martin Services, Inc.**

**OWNER (or TENANT if applicable)**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Lockheed Martin Injury and Illness Prevention Program

## PROJECT SAFETY ANALYSIS

This document is intended to identify Environment Safety and or Health risks as they become evident or suspected. The document is to be completed and signed by the field engineer(s) and approved by the field engineers' manager.

Client's Name: \_\_\_\_\_

Client's Address \_\_\_\_\_

Client's Point of Contact / Phone Number: \_\_\_\_\_

\_\_\_\_\_

Client's ESH POC / Phone Number: \_\_\_\_\_

\_\_\_\_\_

Closest Emergency Medical Treatment facility to this client's facility:

\_\_\_\_\_

Have you obtained a copy of the client's **Safety Plan**? Y \_\_\_ N \_\_\_ N/A \_\_\_

Have you received a client's Safety Briefing? Y \_\_\_ N \_\_\_ N/A \_\_\_

Will you be required to access electrical breaker panels, knife switches, transformers, motor controllers or other energized electrical equipment? Y \_\_\_ N \_\_\_

Will you be required to access a roof-top or other location 7.5' or more above the next level down? Y \_\_\_ N \_\_\_

Will you be working in a remote<sup>1</sup> location? Y \_\_\_ N \_\_\_

Will you be working or passing through manufacturing / shipping and receiving locations? Y \_\_\_ N \_\_\_

Will you be working in or around overhead cranes? Y \_\_\_ N \_\_\_

Will you be required to assess/enter areas that are considered confined spaces such as underground pits, tanks, vaults, chillers, insider water towers? Y \_\_\_ N \_\_\_

If you answered **Yes** to any of the above questions;

- Have you received the appropriate safety briefing, training or certification needed to proceed?
- Have you received and have ready the appropriate PPE?
- Do you have the address of the closest emergency medical facility?
- If traveling to a remote facility, do you (1) have two-way communication and (2) have you advised your manager of your intended travel route and length of stay.

Project Safety Analysis Reviewed BY: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Lockheed Martin Injury and Illness Prevention Program

## ESH ASSESSMENT

Initial ESH assessment and decision to proceed with project made by: \_\_\_\_\_

Date: \_\_\_\_\_

**Cautions, special PPE & / or customer requirements noted:**

---

---

---

---

## STOP WORK AUTHORIZATION

All Lockheed Martin employees and or sub-contractors to Lockheed Martin have "**Stop Work**" authorization if an unsafe situation is encountered.

Field Engineer's Initial: \_\_\_\_\_ Field Engineer's Initial: \_\_\_\_\_ Field Engineer's Initial: \_\_\_\_\_

## ENERGIZED ELECTRICAL WORK AUTHORIZATION

(1) Description of job location / circuit / equipment:

---

---

---

(2) Description of work to be performed:

---

---

(3) Justification of why power data cannot be obtained by calculation:

---

---

---

---

**Energy Services Management Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT UPON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT, PLEASE READ CAREFULLY  
(Please Print or Type)

I, \_\_\_\_\_  
NAME TITLE (IF APPLICABLE)

of \_\_\_\_\_ (Customer) have the following mailing address  
NAME OF CUSTOMER OF RECORD

\_\_\_\_\_, and do hereby appoint  
MAILING ADDRESS CITY STATE ZIP

of \_\_\_\_\_  
NAME OF THIRD PARTY MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

**To act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:**

**ACCOUNTS INCLUDED IN THIS AUTHORIZATION:**

1. \_\_\_\_\_  
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
2. \_\_\_\_\_  
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
3. \_\_\_\_\_  
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

**INFORMATION, ACTS AND FUNCTIONS AUTHORIZED** – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12 month period.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (initial all applicable boxes):

- 1. Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s), as specified herein, regarding utility services furnished by the Utility<sup>1</sup>.
- 2. Request and receive copies of correspondence in connection with my account(s) concerning (initial all that apply):
  - a. Verification of rate, date of rate change, and related information;
  - b. Contracts and Service Agreements;
  - c. Previous or proposed issuance of adjustments/credits; or
  - d. Other previously issued or unresolved/disputed billing adjustments.
- 3. Request investigation of my utility bill(s).
- 4. Request special metering, and the right to access interval usage and other metering data on my account(s).
- 5. Request rate analysis.
- 6. Request rate changes.
- 7. Request and receive verification of balances on my account(s) and discontinuance notices.

<sup>1</sup> The Utility will provide standard customer information without charge up to two times in a 12-month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

**AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF**

**I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS<sup>2</sup> (initial one box only):**

<sup>2</sup>If no time period is specified, authorization will be limited to a one-time authorization

- One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).
- One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.
- Authorization is given for the period commencing with the date of execution until \_\_\_\_\_ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

**RELEASE OF ACCOUNT INFORMATION:**

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- Hard copy via US Mail (if applicable).
- Facsimile at this telephone number: \_\_\_\_\_
- Electronic format via electronic mail (if applicable) to this e-mail address: \_\_\_\_\_

I (Customer), \_\_\_\_\_ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. **[This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]**

\_\_\_\_\_  
AUTHORIZED CUSTOMER SIGNATURE

Executed this \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

\_\_\_\_\_  
TELEPHONE NUMBER

at \_\_\_\_\_  
CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

\_\_\_\_\_  
AGENT SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
COMPANY

Executed this \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

# AUTORIZACIÓN PARA RECIBIR INFORMACIÓN DE UN CLIENTE O ACTURA EN REPRESENTACIÓN DE UN CLIENTE

EL PRESENTE ES UN CONTRATO JURÍDICAMENTE VINCULANTE. LÉALO DETENIDAMENTE  
*(Por favor, escriba a máquina o con letra de imprenta)*

Yo \_\_\_\_\_  
NOMBRE PUESTO (SI ES PERTINENTE)

de \_\_\_\_\_ **(Cliente) tiene la siguiente dirección postal**  
NOMBRE DEL CLIENTE REGISTRADO

**, y a través del presente designo a**

\_\_\_\_\_ DIRECCIÓN POSTAL CIUDAD ESTADO CÓDIGO POSTAL

de \_\_\_\_\_  
NOMBRE DEL TERCERO DIRECCIÓN POSTAL

\_\_\_\_\_ CIUDAD ESTADO CÓDIGO POSTAL

**para actuar como mi agente y asesor (Agente) para la(s) cuenta(s) que aparece(n) listada(s) y en las categorías indicadas más adelante:**

**CUENTAS INCLUIDAS EN ESTA AUTORIZACIÓN:**

1. \_\_\_\_\_  
DIRECCIÓN DEL SERVICIO CIUDAD NÚMERO DE CUENTA DEL SERVICIO
2. \_\_\_\_\_  
DIRECCIÓN DEL SERVICIO CIUDAD NÚMERO DE CUENTA DEL SERVICIO
3. \_\_\_\_\_  
DIRECCIÓN DEL SERVICIO CIUDAD NÚMERO DE CUENTA DEL SERVICIO

(Para más de tres cuentas, por favor enumere las cuentas adicionales en una hoja de papel por separado y adjúntela a este formulario)

**INFORMACIÓN, FUNCIONES Y ACTOS AUTORIZADOS** – Esta autorización le proporciona autoridad al Agente. Subsecuentemente, el Agente debe suministrar instrucciones/solicitudes específicas por escrito (el uso de E-mail es aceptable) acerca de la(s) cuenta(s) particular(es) antes de que alguna información sea divulgada o una acción sea llevada a cabo. Bajo algunas circunstancias, la función o acto solicitado podría incurrir en un costo para usted, el cliente. Las solicitudes de información podrían estar limitadas al periodo de 12 meses más reciente.

Yo (Cliente) autorizo a mi Agente a actuar en representación mía en el desempeño de los siguientes actos y funciones específicos (escriba sus iniciales en todos los casilleros pertinentes):

1. Solicitar y recibir expedientes de facturación, el historial de facturación y todos los datos de medición del consumo que son utilizados para calcular el monto de las facturas de la totalidad de mi(s) cuenta(s), tal como se especifique en el presente, en relación con los servicios públicos suministrados por la Compañía de Servicios Públicos<sup>1</sup>.
2. Solicitar y recibir copias de correspondencia relacionada con mi(s) cuenta(s) relativas a (ponga sus iniciales en todas las respuestas pertinentes):
  - a. Verificación de tarifas, fecha de cambio de tarifas e información relacionada;
  - b. Contratos y Convenios de Servicio;
  - c. Emisión previa o propuesta de ajustes/créditos; o
  - d. Otros ajustes de facturación no resueltos/en disputa que hayan sido emitidos previamente.
3. Solicitar una investigación de mi(s) cuenta(s) de servicios públicos.
4. Solicitar una medición especial, y el derecho a tener acceso a información de consumo en intervalos y otra información de medición relacionada con mi(s) cuenta(s).
5. Solicitar un análisis de tarifas.
6. Solicitar modificaciones en las tarifas.
7. Solicitar y recibir verificación de los saldos de mi(s) cuenta(s) y notificaciones de interrupción del servicio.

<sup>1</sup> La Compañía de Servicios Públicos proporciona información estándar sobre el cliente sin costo alguno hasta dos veces en un periodo de 12 meses por cuenta del servicio. Después de dos solicitudes en un año, comprendo que podría ser responsable de los cargos en lo que se podría incurrir para tramitar esta solicitud.

**AUTORIZACIÓN PARA RECIBIR INFORMACIÓN DE UN CLIENTE O ACTUAR EN REPRESENTACIÓN DE UN CLIENTE**

**YO (CLIENTE) AUTORIZO LA DIVULGACIÓN DE LA INFORMACIÓN SOBRE MI CUENTA Y AUTORIZO A MI AGENTE A ACTUAR EN REPRESENTACIÓN MÍA DE LA SIGUIENTE MANERA<sup>2</sup> (ponga sus iniciales únicamente en un casillero):**

<sup>2</sup> Si no se especifica un límite de tiempo, la autorización estará limitada a una sola ocasión

- Autorización para una ocasión únicamente (limitada a una sola solicitud de información y/o los actos y funciones especificados anteriormente al momento de recibir esta Autorización).
- Autorización durante un año – Las solicitudes de información y/o para los actos y funciones especificados anteriormente serán aceptados y tramitados cada vez que sean solicitados dentro de un periodo de doce meses a partir de la fecha de firma de esta Autorización.
- Se otorga la Autorización durante el periodo que inicia a partir de la fecha de firma de esta Autorización hasta \_\_\_\_\_ (Duración limitada a tres años a partir de la fecha de firma de esta Autorización.) Las solicitudes de información y/o para los actos y funciones especificados anteriormente serán aceptados y tramitados cada vez que sean solicitados dentro del periodo de vigencia de la Autorización especificado en el presente.

**DIVULGACIÓN DE LA INFORMACIÓN SOBRE LA CUENTA:**

La Compañía de Servicios Públicos proporcionará la información solicitada anteriormente, en el grado en el que esté disponible, a través de uno de los siguientes medios. El formato que prefiero (prefiere mi Agente) es (marque todas las respuestas correspondientes)

- Copia impresa a través del Servicio de Correos de Los EE.UU. (de ser pertinente).
- Documento por fax a este número telefónico: \_\_\_\_\_
- Formato electrónico a través de E-mail (de ser pertinente) a esta dirección de E-mail: \_\_\_\_\_

Yo (El Cliente), \_\_\_\_\_ (nombre del signatario autorizado en letra de imprenta), declaro bajo pena de perjurio según lo dispuesto por las leyes del Estado de California que estoy autorizado para firmar este documento en representación del Cliente Registrado que aparece indicado en la parte superior de este formulario, y que poseo la autoridad para obligar financieramente al Cliente Registrado. Asimismo, también certifico que mi Agente posee la autoridad para actuar en representación mía y solicitar la divulgación de información sobre las cuentas indicadas en este formulario y desempeñar los actos y funciones específicos indicados anteriormente. Comprendo que la Compañía de Srvicios Públicos se reserva el derecho de verificar toda solicitud de autorización presentada antes de divulgar información o desempeñar algún acto en representación mía. Autorizo a la Compañía de Servicio Público a divulgarle la información solicitada sobre mi cuenta o instalaciones al Agente mencionado anteriormente quien actúa en representación mía en lo relacionado con los asuntos indicados anteriormente. A través del presente, libero de responsabilidad e indemnizo a la Compañía de Servicios Públicos de toda responsabilidad, reclamación, demanda, antecedente de acción judicial, daño o gasto que pudiera resultar de: 1) cualquier divulgación de información a mi Agente de conformidad con esta Autorización; 2) el uso autorizado de esta información por parte de mi Agente; y 3) cualquier acción tomada por mi Agente de conformidad con esta Autorización, incluyendo modificaciones en las tarifas. Comprendo que puedo cancelar esta Autorización en cualquier momento con tan sólo presentar una solicitud por escrito. **[Este formulario debe estar firmado por una persona que posea la autoridad de obligar financieramente al cliente (por ejemplo, el Director Financiero de un compañía o el Administrador Municipal de una municipalidad).]**

\_\_\_\_\_  
FIRMA DEL CLIENTE AUTORIZADO

Firmado este día \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_  
MES AÑO

\_\_\_\_\_  
NÚMERO TELEFÓNICO

en \_\_\_\_\_  
CIUDAD Y ESTADO DONDE ES FIRMADO

Yo (El Agente), a través del presente libero de responsabilidad e indemnizo a la Compañía de Servicios Públicos de toda responsabilidad, reclamación, demanda, antecedente de acción judicial, daño o gasto que pudiera resultar del uso de la información sobre el cliente obtenida de conformidad con esta autorización y de desempeñar cualquier acción de conformidad con esta autorización, incluyendo la modificación de las tarifas.

\_\_\_\_\_  
FIRMA DEL AGENTE

\_\_\_\_\_  
NÚMERO TELEFÓNICO

\_\_\_\_\_  
COMPAÑÍA

Firmado este día \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_  
MES AÑO