

Saratoga Chamber Energy AllianceSM
 (A Program of the Saratoga County Chamber of Commerce)

Participation Authorization

Yes, we are interested in procuring energy supplies and services through the **Saratoga Chamber Energy AllianceSM** (“Alliance”). In signing below, we are indicating our consent and authorization:

1. For our electric and/or gas utilities to provide data (which will be kept confidential) about our energy usage and costs that may be requested by the Alliance, its consultants (EnergyNext, Inc.), and/or selected suppliers;
2. For the Alliance to include our name listed as a potential power purchaser for the purposes of supporting competitive bid documents to be issued by the Alliance to providers of energy supplies and services.

We understand that the execution of this Participation Authorization is NOT a commitment by this organization, nor an obligation to contract for electricity or natural gas through or in conjunction with the Alliance. No commitment or obligation will be required until a pricing offer and agreement is presented and accepted by us.

Organization _____

Address _____

City _____ State _____ Zip _____

Contact person _____ Title _____

Phone _____ Fax _____ e-mail _____

Is your account exempt from paying sales tax? YES NO

Is your property located in an Empire Zone? YES NO

Please send information on renewable energy. YES NO

The following information may be obtained from your monthly bill. Attach extra sheets if necessary:

Electric Utility _____ Electric Supplier* _____
 (*Only if it is a company other than your local utility)

Account Number(s) <small>NYSEG customers provide POD Number(s)</small>	Service Location(s) <small>(only if different from above)</small>	Service or Rate Class <small>(from bill, e.g. “general service”)</small>
_____	_____	_____
_____	_____	_____

Gas Utility _____ Gas Supplier* _____
 (*Only if it is a company other than your local utility)

Account Number(s) <small>NYSEG customers provide POD Number(s)</small>	Service Location(s) <small>(only if different from above)</small>	Service or Rate Class <small>(from bill, e.g. “general service”)</small>
_____	_____	_____
_____	_____	_____

Signature _____ Title _____ Date _____

Please return this form to Saratoga County Chamber of Commerce
 28 Clinton St., Saratoga Springs, NY 12866; or Fax: **518-587-0318**
If you have questions, please call EnergyNext, Inc. at 518-580-9244.