

**Greene County Chamber Energy Alliance<sup>SM</sup>**  
 (A Program of the Greene County Chamber of Commerce)

**Participation Authorization**

Yes, we are interested in procuring energy supplies and services through the **Greene County Chamber Energy Alliance<sup>SM</sup>** ("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 business exempt from paying sales tax? YES  NO

Is your business 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)

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

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

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax this form to:  
 Greene County Chamber of Commerce  
 1 Bridge St., 2<sup>nd</sup> Floor, Catskill, NY 12414  
 Fax: 518-943-1700**

**If you have questions, please call EnergyNext, Inc. at 518-580-9244.**