

Return completed forms to:	customerservice@oppd.com	

Letter of Authorization (LOA)

The undersigned is/are the property owner(s)/company of (Address*) in (City/State), and are requesting electrical services to be managed in our name through			
*If multiple properties include a list of ac	ddresses with this form		
☐ Third Party Payer	mounts and changes to customer info	(Name) ormation as it relates to their billing.	
☐ Energy Consultant	consultation, and recommendation to	(Name) o property owner regarding their	
☐ Property Management Compar Services may include establishment of related management duties per the sa			
☐ Other - Please detail >			
authorization shall continue until I/we give of this relationship. Property Owner/Company of detailed addressed Tax ID Number/EIN or Social Se	ldress(es)		
Signature		Date	
<u>-</u>	seneral Partnership 🗆 Limited Pa	artnership	
Primary Phone Fax Email			
OPPD Bills Should Be Mailed To: ☐ Ov			
Bill Mailing Address			
OPPD Account Number(s)			