

LETTER OF AUTHORIZATION

The undersigned hereby authorizes Transparent Energy and its Retail Energy Providers to request historical energy usage and billing information from the relevant utility. The undersigned represents that he/she has the authority to consent to the release of the information described below and agrees to work exclusively with Transparent Energy on behalf of the Company and "specific" Account Numbers indicated, for the purpose of executing an energy supply agreement(s). This exclusive agreement shall eliminate previous letters of representation/exclusivity supplied which were signed prior to the date of this agreement. This Letter of Authorization shall expire upon thirty (30) days of either party's written notice.

Please include a copy of the most recent invoice for each account

	Gas/Electric	Utility	Service Address	City, State	Account #/POD ID
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

By completion of this form the signatory in no way authorizes Transparent Energy to bind the Customer to any commitment,

Please list any additional accounts on the next page

contractual or otherwise.	_	
Michael Benard Contact Name (Please print)	Wheaton Park District Company Name	630-510-4945 Phone
Legal Address	Whacton, IC 60187 City, State, Zip	36-07 Last Four Digits of Tax ID
Nignature & San	Executive Director Title	7-25-17 Date