Customer Authorization Form for Demand Response Aggregators

Evergy's privacy policies generally do not allow for the disclosure of customers' information (such as your name, service address, phone number, or electric billing information) to third-parties that, for example, are not affiliates, subsidiaries, or utility service providers unless the customer expressly authorizes the disclosure. This form allows you, the customer ("Customer"), to authorize Evergy to disclose your billing, meter, interval usage, and other customer information possessed by Evergy ("Customer Data") to a third-party Demand Response Aggregator ("DRA").

A DRA is a third-party non-utility company that may offer to help a customer provide the customer's demand response services to the Southwest Power Pool ("SPP") wholesale electricity market. The third-party DRA listed below is not regulated by the Missouri Public Service Commission ("PUC"), and is not affiliated with, or acting as a business partner of, Evergy. If you choose to work with a DRA to manage your demand response services, you may no longer remain eligible to participate in some of Evergy's retail programs. (Please contact your Customer Solutions Manager if you have additional questions. You may also call (316) 299-7426 or send inquiries to renewables@evergy.com).

Once you submit this form authorizing Evergy to disclose your Customer Data to the below-designated DRA, Evergy does not have the ability or responsibility to ensure that the designated DRA safeguards your Customer Data from further disclosure without your consent.

Customer Contact Information

Customer Name (As shown on Evergy Account)	
Customer Contact Name	
Contact Email Address	
Contact Phone Number	

Demand Response Aggregator Contact Information

DRA Business Name	
DRA Contact Name	
DRA Email Address	
DRA Phone Number	

Access to Information for the following Service Accounts

Service Address	Service City	Service Account Number	Service Meter Number	Demand Response (MW)

(You can include additional Service Addresses or Accounts by attaching a list to this form.)

☐ Check this box if you have attached a list of additional Service Accounts.

Period of Authorization

(Check only one option below)

☐ I, Customer, authorize Evergy to disclose my Customer Data to the above-designated DRA beginning today and continuing indefinitely until revoked by the Customer in writing through the submission of this form.

☐ I, Customer, revoke my authorization to Evergy to disclose my Customer Data to the above-designated DRA effective today, subject to Section B below.

Authorizations and Agreement

A. Customer Authorization

I, Customer, authorize Evergy to disclose my Customer Data to the above-designated DRA for the Service Account(s) listed above and/or attached to this form including: 1) customer personal energy-related information (e.g., name, service address, rate schedule), 2) up to 24 months of historical as well as interval meter data as requested and/or monthly usage data, 3) information regarding the current Evergy demand response programs or other Evergy non-demand response programs, pilots and tariffs in which the Customer is known to participate.

B. Customer Agreement

I, Customer, agree to Evergy's disclosure of Customer Data as specified in this Authorization. I further understand that my Customer Data may be transmitted to the above-designated DRA even after I have revoked this Authorization, to enable Evergy to correct or update the data for the time period during which the Authorization was effective. In all cases, the Authorization for a Service Account will be automatically revoked when the Service Account is closed.

I understand that I am allowed to participate in non-utility demand response programs with and/or through a DRA, but I am not authorized to export energy to the distribution grid unless Evergy has assessed potential impacts to the distribution grid pursuant to Evergy's current interconnection policies and provided such authorization in writing. I understand and authorize Evergy to, without penalty, take any action that Evergy deems necessary to maintain the safety and reliability of the distribution grid.

I declare that I am authorized to execute this agreement on behalf of the Customer of Record identified at the top of this form in the field for "Customer Name (on Evergy Account)," and that I have authority to financially bind the Customer of Record.

I understand that Evergy reserves the right to verify this Authorization request before releasing any Customer Data or taking any other action pursuant to this Authorization.

I understand that this Authorization and Evergy's actions and obligations hereunder remain subject to, and may be subject to change or modification as required by, governing laws, regulations, Missouri PUC, and the General Terms and Conditions of Evergy's Tariffs as approved by the Missouri PUC.

I understand that the above-designated DRA is not affiliated with Evergy or acting as an agent, provider, or business partner of Evergy, and hereby release, hold harmless, and indemnify Evergy from any liability, claims, demands, causes of action, damages, or expenses resulting from this Authorization including but not limited to: 1) any release of Customer Data to the above-designated DRA pursuant to this Authorization; 2) the unauthorized use of my Customer Data by the above-designated DRA or any other third-party; and 3) any actions taken by the above-designated DRA pursuant to this Authorization. I understand that I may revoke this Authorization at any time by submitting a revocation request using this same form. I hereby indicate my consent to execute and submit this Authorization.

_____ _____

Name (Signature of Authorized Customer) Date Signed

_____

Name (Printed)

C. DRA Agreement *(To be completed by the DRA)*

I, DRA, hereby agree to comply with this Authorization, and to release, hold harmless, and indemnify Evergy from any liability, claims, demand, causes of action, damages, or expenses resulting from the release or use of Customer Data obtained pursuant to this Authorization.

_____ _____

Name (Signature of Authorized Representative) Date Signed

_____

Name (Printed)