

SUBMIT SIGNED ORIGINAL CEII REQUEST FORM TO:

Avista Corporation
Manager, Transmission Services
1411 East Mission Avenue, MSC-16
Spokane, WA 99202-1902

Name of Requester:

Requester's street address and phone number:

Name of individual submitting request on behalf of Requester:

Phone number and e-mail address of individual submitting request on behalf of Requester:

Description of information requested:

Statement explaining need for requested information and use to be made of requested information:

Is the Requester willing to sign and abide by an appropriate agreement limiting the Requester's use and disclosure of the information requested?

Yes No

Requester:

Date: _____

By _____
Title _____