

# Code of Conduct Rule 9 – VAPS Information Sharing Request

Utility's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Pursuant to the Code of Conduct R 460.10109(5) - I, \_\_\_\_\_,  
(Competitor Name)

am requesting the same information on the same terms and conditions, and in the same form and manner, and contemporaneously for the following program(s):

\_\_\_\_\_. This request takes effect immediately and is only valid for information available on or before this date.

Competitor Individual Name: \_\_\_\_\_

Competitor Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Explanation:** Explain here how you or your business is a competitor of a utility VAPS. If you have a license, include a reference to (or documentation of) your license to conduct business in Michigan.

This form must be sent to the Code of Conduct contact person of the utility you are seeking the information. You must complete a separate form for each utility you are seeking the information from.