



Agency Extranet Login Request Form

Please Complete Each Section:

This form is for: New Access ☐ Removing Access ☐ Updating Access ☐

Agency Name	Site Location (County)
City	State
Zip	Mailing Address (if different)
First Name	Last Name
Email: (This will be your login id)	Password (min 6 characters, no more than 10)
Contact Phone Number	Agency website (if applicable)
Supervisors Name	Supervisors Contact Phone/Email

After receiving your login request form, an email will be sent to the email address provided to confirm. Access will then be set up and you will be notified via email when complete.

Please sign, date below, and submit to:

Email: EnergyAssistance-VVC@CenterPointEnergy.com

Fax: 812-491-4476

By requesting access to this site, Agency certifies CenterPoint Energy Company that customer has authorized Agency to access customer's account information contained herein; Agency further certifies that Agency will use the accessed information solely for the purpose authorized by the customer.

Signature: _____ Date: _____