AUTHORIZED AGENT DECLARATION FORM [CCPA]

This is to certify that I grant permission to	to act as
my authorized agent, to make requests on my behalf related to my person	al information, and I
authorize him/her to receive my personal information and any other informat	tion from Just Energy
and its affiliates* pursuant to my rights under the California Consumer Priva	acy Act (CCPA) as of
the date below and thereafter.	

AUTHORIZATION GRANTED BY:

Signature

Print Name

Date

NOTARIZATION:

This document was signed and sworn before me on _____ by

_____.

Signature of Notary Public

* Just Energy's affiliates include Just Energy Solutions Inc.; Filter Group USA Inc.; and Interactive Energy Group LLC.