

APPENDIX D10.
Letter Notifying Customer of Drop

Date

ABC Company
123 Any Street
Livonia, MI 12345

Re: Account Number XXXXXXXXXXXX

Dear Customer:

This letter is to notify you that the electric energy supply for your facility at 123 Any Street for meter number 1234567 will be switched to Detroit Edison Full Service on your next bill cycle. *This is scheduled to take place on MMDDYYYY.*

(Based on indicator of Single Phase, D3/SLP, D4/SLP , Primary (PRIMS), D3/OIMS or D4/OIMS)

<p>Single Phase D3/SLP D4/SLP Primary (PRIMS)</p>	<p>On your return, you will have completed XX months of the retail access service (include based on enrollment date two-year or one year)minimum term. OR On your return, you will have completed your retail access minimum term.</p>
<p>D3/OIMS D4/OIMS</p>	<p>On your return, you will have completed the following:</p> <ul style="list-style-type: none"> XX months of the retail access service (include based on enrollment date two-year or one year)minimum term. OR Your retail access minimum term. XX months of the 12-month commitment on Optional Interval Metering Service. You will be subject to the monthly charge for up to XX months (include if XX months remaining is greater than 0), which represent the balance of your 12-month term. OR Your Optional Interval Metering Service term.

(Paragraph based on Drop Return indicator flags)

<p>YN/AY</p>	<p>You will return to Full Service at standard tariff pricing, for a minimum term of one year, in order to avoid MPSC approved additional charges. This pricing and term are in accordance with the Notice of Intent to Return to Full Service you provided to Detroit Edison prior to the notice deadline.</p>
<p>Y1N</p>	<p>You will return to Full Service at standard tariff pricing, for a minimum term of one year. In addition, you will be subject to market pricing for up to XX months, which represent the balance of your incomplete retail access service two-year minimum term. This pricing and term are in accordance with information accompanying the Notice of Intent to Return to Full Service form, which you provided to Detroit Edison prior to the notice deadline.</p>
<p>N - Drop order submitted between 09/01 and 12/01 of current</p>	<p>You will return to Full Service at standard tariff pricing subject to MPSC approved additional charges, governed by the Retail Access Service Rider, Section 5, Term, Commencement and Return to Full Service. (included if EC term is greater than 0) You will be subject to market pricing for up to XX months, which represent the balance of your incomplete retail access service two-year minimum term.</p> <p>You must now select your Return Pricing Option: Option 1—12-month Service Commitment or Option 2—Short-Term Full Service (no minimum term commitment; but subject to monthly market</p>

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<p>year only.</p>	<p>priced power charges). If you make no option selection, you will be considered Option 2 for billing purposes. Please note: Choosing Option 1 does not avoid MPSC approved additional charges for incomplete Electric Choice Minimum Term.</p> <p>For more information regarding these option choices and the enclosed form, please see the back of this letter which includes important information about Return to Full Service and instructions for completion of the form.</p> <p>It is important to return this form within 10 days of your scheduled return date (specified above), so that you are billed properly.</p>
<p>N - Drop order submitted other than between the dates of 09/01 and 12/01 of current year only</p>	<p>You will return to Full Service at standard tariff pricing subject to MPSC approved additional charges, governed by the Retail Access Service Rider, Section 5, Term, Commencement and Return to Full Service. (included if EC term is greater than 0) You will be subject to market pricing for up to XX months, which represent the balance of your incomplete retail access service two-year minimum term.</p> <p>You must now select your Return Pricing Option: Option 1—12-month Service Commitment (a one-year minimum term which limits additional market priced power charges to summer months of June through September if you have completed your retail access service two-year minimum term)] or Option 2—Short-Term Full Service (no minimum term commitment; but subject to monthly market priced power charges). If you make no option selection, you will be considered Option 2 for billing purposes. Please note: Choosing Option 1 does not avoid MPSC approved additional charges for incomplete Electric Choice Minimum Term.</p> <p>For more information regarding these option choices and the enclosed form, please see the back of this letter which includes important information about Return to Full Service and instructions for completion of the form.</p> <p>It is important to return this form within 10 days of your scheduled return date (specified above), so that you are billed properly.</p>
<p>AES Default</p>	<p>Your Return to Full Service is due to a default of your Alternative Electric Supplier (AES). You may be subject to market pricing for up to 60 days for lack of notice. You may—within 60 days of your scheduled return date—choose another AES without remaining on the Detroit Edison Full Service Tariff for the minimum term. If you are interested in contacting a new AES, the MPSC provides a list of Alternative Electric Suppliers. You can view the list at http://www.dleg.state.mi.us/mpsc/electric/restruct/esp/aeslist.htm</p>

These additional charges are outlined in Section 5 of the Retail Access Service Rider—Term, Commencement of Service and Return to Full Service—as approved by the Michigan Public Service Commission (MPSC) in Case U-13808. If you would like to view the MPSC Order in Case U-13808, and the revised Retail Access Service Rider, you can view them on the MPSC web site at: <http://www.michigan.gov/mpsc>

If you believe this letter was sent in error, or if you have any questions regarding this, please contact <Detroit Edison Electric Choice Customer Support at <CSB 888.235.3535> or <KCS 888.235.3535> **OR** <Account Manager> at <account manager phone>.

Sincerely,

Electric Choice Customer Support

Enclosure

*Please note, your scheduled date(s) could vary.

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Drop In-Service Letter – Enclosure #1

Important Information About Return to Full Service & the Notice Form

1. Assistance in understanding the program rules regarding Return to Full Service and the annual Notice Provision for the following summer may be found accessing this information at <http://www.dteenergy.com/businessCustomers/productsPrograms/customerChoice/electricChoice/detroitEdisonFullService.html>
2. Questions regarding information in this guide may be directed to your assigned account manager or Electric Choice Customer Support at 1-888-235-3535.
3. The accompanying form is provided as a courtesy to customers, and also helps to assure accurate account information.
4. **Part 1—Customer Information** is pre-filled with customer account information contained in our billing system.
5. **Part 2—Election of Return Option** allows you to select Option 1—12-month commitment (to avoid MPSC approved additional charges) or Option 2—Short-term Full Service (to return with additional monthly costs in return for no 12 month commitment).
6. **Part 3—Customer Authorization** must be completed, signed and dated by an individual authorized to make changes to your account. Be sure to include return month (for example, "July"), and a contact phone number.
7. Your Option selection will be effective upon Detroit Edison's receipt of your Option Selection form.
8. Incomplete forms will be returned by U.S. Mail.

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Drop In-Service Letter – Enclosure #2

Customer Election of Return Option

The electric energy supply for this account will be switched to Detroit Edison Full Service on the regular meter reading date of the Month specified below. If you do not specify a return pricing option, you will be classified as Option 2—Short-term Full Service. Market Priced Power charges assessed on Option 2 customers may not be waived.

You may change from Option 2 to Option 1 at any time. The 12-month commitment begins when we receive your authorization to change to Option 1.

Please complete parts 2 and 3 below ensuring that all sections are complete and accurate. Upon completion, fax to **313.235.3700 or 313.235.0531** or mail to Detroit Edison Electric Choice, One Energy Plaza, 323 WCB, Detroit, MI 48226-1279.

PART 1 – CUSTOMER INFORMATION			
Customer/Company Name ABC Company			
Service Address 123 Any Street	City Livonia	State MI	ZIP 12345
Detroit Edison Account Number XXXXXXXXXX		Detroit Edison Meter Numbers 1234567	
PART 2 – ELECTION OF RETURN OPTION			
Check your option:			
<input type="checkbox"/> Option 1: 12-month Commitment By selecting this option, you are committing to remain on Detroit Edison Full Service for a minimum of 12 months in order to avoid Commission approved additional charges. If you fail to remain on Full Service for the minimum 12 months, you may be subject to higher pricing as described in the Retail Access Service Rider, Section 5, Term, Commencement of Service and Return to Full Service. Note: Option 1 does not avoid MPSC-approved additional charges for incomplete Electric Choice Minimum Term. If you make no option selection, you will be considered Option 2 for billing purposes.			
<input type="checkbox"/> Option 2: Short-term Full Service By selecting this option, you make no commitment to remain on Detroit Edison Full Service for any specific period of time. You may be subject to higher pricing as described in the Retail Access Service Rider, Section 5, Term, Commencement of Service and Return to Full Service. <p style="text-align: center;"><i>If you fail to select Option 1 or 2, you will be defaulted to Option 2, and subject to higher pricing as applicable.</i></p>			
PART 3 – CUSTOMER AUTHORIZATION			
I, the undersigned, am duly authorized to make changes to the above indicated electric customer's account and hereby authorize and provide notice to Detroit Edison to return my accounts to full service on the regular meter read date of the month/year specified above.			
Name of Authorized Person (PLEASE PRINT)		Customer/ Company Name	
Authorized Signature		Position (if applicable)	
Customer Telephone Number		Today's Date	