

APPENDIX H1
Customer Information Release Form

Customer Information Release Form
12 Month Consumption History

Please fill out the form below ensuring that all sections are complete and accurate. Incomplete, inaccurate or illegible forms will be rejected. If you have multiple requests, please attach the Additional Accounts supplement to your release form with the required information. Upon completion, fax to **313.235.0531** or mail to Detroit Edison Electric Choice Supplier Support Center, One Energy Plaza, 319 WCB, Detroit, MI 48226-1279. **Your request will normally be processed within 10 business days.**

| Part 1 – CUSTOMER INFORMATION | | | |
|-------------------------------|-------|-----------------------------|---------------------------|
| Customer/Company Name | | | |
| Service Address | | | |
| City | State | Zip | Customer Telephone Number |
| Detroit Edison Account Number | | Detroit Edison Meter Number | |

Pages of Additional Accounts Attached

| PART 2 – CUSTOMER AUTHORIZATION AND RELEASE | | |
|--|--------------------------|------|
| <p>I authorize Detroit Edison to release my consumption history for the identified accounts and meters to the below Requestor. I release Detroit Edison from all claims, damages, or expenses of any kind resulting from unauthorized use of this information. I certify that I have the authority to release information for this account.</p> | | |
| Name of Authorized Person (PLEASE PRINT) | Department | |
| Authorized Signature | Position (if applicable) | Date |

| PART 3 – REQUESTOR INFORMATION | |
|--|----------------------|
| <p>I, _____, on behalf of _____ Requestor of Information AES / Marketer</p> <p>release Detroit Edison from all claims, damages or expenses of any kind resulting from the unauthorized use of this information.</p> | |
| Requestor Address | City, State, Zip |
| Requestor Telephone Number | Requestor Fax Number |
| Requestor E-mail Address | |

| FOR OFFICE USE ONLY | |
|--------------------------|--|
| Processor Initials _____ | Reason for rejection: |
| Processing Date _____ | <input type="checkbox"/> Incomplete <input type="checkbox"/> Altered Form <input type="checkbox"/> Illegible <input type="checkbox"/> Other <input type="checkbox"/> Invalid meter/account |