APPENDIX H2
Customer Information Release Form

Customer Information Release Form – 12 Month Consumption History
Additional Accounts

ACCOUNT NAME: _____

Please use this supplement when your request for customer information includes multiple accounts. Please use 12-point type as fax transmittals can distort when a smaller font is used. Upon completion, attach to the Customer Information Release Form and 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.**

ACCOUNT NO. (REQUIRED)	METER NO. (REQUIRED)	SITE ADDRESS	SITE NAME / NOTES
12345670001	1234567	1234 Any Street, Suite B Anytown, MI 12345	Anytown Mall Store #3

Sample

All contents © 2000-2009 The Detroit Edison Company. All rights reserved.