

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, 2000 2nd Avenue, 332 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 _____ <small>Requestor of Information</small> <small>AES / Marketer</small></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 _____

