



electric choice

Customer Information Release Form

Please fill out the form below ensuring that all four areas are complete and accurate. If you have multiple requests, please attach the additional accounts supplement to your release form with the required information. Upon completion, please return via mail to: Electric Choice Supplier Support Center, Detroit Edison, 2000 Second Avenue, 245 S.B., Detroit, MI 48226-1279 or fax to 313.235.0531.

1. Information Requested For:

Customer/Company Name

Service Address

City State Zip

Telephone Number Detroit Edison Meter Number (REQUIRED)

Detroit Edison Account Number (REQUIRED)

2. Information Requested:

12 Month Consumption History Meter Data Recorder * \$8.00 per Meter-Per Month _____ Pages of Additional Accounts Attached

* Payment for Meter Data Recorder(s) will be borne by the customer and appear on the customer distribution bill under a special service charge (Rider 2).

3. I, _____, on behalf of _____
Requestor of Information AES/Marketer

release Detroit Edison from all claims, damages or expenses of any kind resulting from the unauthorized use of this information.

Requestor Signature Requestor Address

Requestor Telephone Number City, State, Zip

Requestor Fax Number

4. I, _____
Name of Authorized Person and Company (PLEASE PRINT)

authorize Detroit Edison to release my consumption history and/or provide direct access to my interval data meter for the identified accounts to the above Requestor. I release Detroit Edison from all claims, damages, or expenses of any kind resulting from unauthorized use of this information. I acknowledge that the confidentiality of my meter data is less secure with the provision of direct interval data meter access and that other more confidential options exist, including meter data recorder installation and access to meter data via the Detroit Edison website. I further certify that I have the authority to release information or allow direct meter access to this account.

Authorized Signature Date

Position (if applicable) Department (if applicable)