



**Electric Choice Customer Consent Release Form
To Release Information and Conduct Account Activity**

This Electric Choice Customer Consent Release Form permits DTE Energy Company (“DTE”) customers of record to delegate certain rights to Authorized Third Parties concerning DTE Electric account(s)/service(s). The customer of record may permit an Authorized Third Party to receive information on its behalf and must specify what information the Authorized Third Party is entitled to receive. Please ensure that you only request release of your information to Authorized Third Parties in which you trust.

This form must be completed in its entirety and signed by the customer of record. Upon completion, return the form to DTE by any of the following means:

Email: usagedata@dteenergy.com

Fax: 313.235.3700

Questions: 888.830.2170

Mail:
DTE Energy
Attn: Electric Choice, 2035 WCB
One Energy Plaza
Detroit, MI 48226

PART 1 - Customer Information			
Customer/Company Name			
Customer Address			
City	State	ZIP Code	Phone Number
DTE Energy Account Number		Email Address	

PART 2 - Customer Authorization and Release	
<p>I understand that by reason of this Authorization, the named Authorized Third Party in Part 3 of this document may conduct the designated activity and transactions on the account(s) that I as customer of record may direct or perform even though I remain responsible for all payment and other service obligations.</p> <p><i>I (Customer) hereby release, hold harmless, and indemnify DTE from any liability, claims, demand and cause of action, damages or expenses resulting from any release of information or transaction of business pursuant to this Authorization, the unauthorized use of this information or transaction of business by the Authorized Third Party and any actions taken by the Authorized Third Party pursuant to this Authorization.</i></p>	
Customer/Company Name (Please Print)	Executed this date of _____ (mm/dd/yyyy)
Title (if applicable)	LEAVE BLANK
Customer's Signature	

PART 3 – Authorized Third Party Information			
Name			
Mailing Address			
City	State	ZIP Code	Phone Number
Company Name (if applicable)		Email Address	

The Authorized Third Party is allowed to view the following information. Please identify all that apply by marking with an “x”:

___ 12 months of electric hourly usage

___ 12 months of billing history

___ Other (please specify) _____

Note:

Following receipt of this Electric Choice Customer Consent Release Form, DTE will provide the requested information to the Authorized Third Party within 10 business days.

The Authorization Period will be from the date of the customer’s signature in Part 2 of this document and expire in one year.

This form is applicable only to the Authorized Third Party identified. If additional Authorized Third Parties are required, then separate Electric Choice Customer Consent Release Forms must be filled out and returned to DTE.