



Customer Letter of Authorization Form

(please complete one copy of this form for each electric distribution company)

We hereby authorize _____ to act on our behalf to secure historical electric usage information on an ongoing basis for the purpose of evaluating historical energy usage patterns and other relevant information for the provision of energy related services. This authorization will remain in effect for twenty-four (24) months or until we provide _____ with thirty (30) days advance written notice of termination of the authorization whichever is earlier. _____ will treat all historical electric usage information obtained under this authorization as confidential information.

This form must be completed in its entirety and signed by the customer of record or by someone who has power of attorney or other legal right to sign the customer's name on their behalf.

SIGNED

DATE

PRINT NAME

TITLE

PHONE

FAX

EMAIL

CUSTOMER LEGAL ENTITY NAME

ADDRESS

ELECTRIC DISTRIBUTION COMPANY NAME

20-DIGIT CUSTOMER NUMBER(S) (AS SHOWN ON PAGE 3 OF LATEST BILL)

PLEASE ATTACH CUSTOMER NUMBERS OR INCLUDE ELECTRONIC LIST IF REQUESTING MORE THAN 5 ACCOUNTS

Return this completed form and one utility bill for each electric distribution company account to your account representative at _____.

Curtailment Service Providers and Conservation Service Providers (Pennsylvania only) should return completed Customer Letter of Authorization forms to csprequests@firstenergycorp.com