



**AUTHORIZATION FOR RELEASE OF USAGE INFORMATION**

**TO: Duke Energy Ohio Supplier Support**

You are hereby authorized and instructed to produce and release, to FirstEnergy Solutions Corp., as requested, orally or in writing, from time to time, all information relative to our UTILITY HISTORY, including, but not limited to, consumption history for 12 months, load profiles, and 12 months of interval metered data if available for the account listed and on Additional Accounts list, if attached.

This authorization in no way binds me to the purchase of any service or product or product from FirstEnergy Solutions and is to be used for the sole purpose of determining my offer price of electricity service. This offer shall remain in effect until revoked in writing by the undersigned.

**1) Your company information.**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Phone : (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

X \_\_\_\_\_  
Business representative's signature (required) \_\_\_\_\_ Date

**2) Your Account Information. Must include most recent copy of utility bill per account.**

**Account Number: (11 digits)**

**Meter Number: (9 digits)**

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Service Address	City	State	Zip Code	Rate Code	Utility Name
					Duke Energy Ohio

**If you have additional accounts, please complete Additional Accounts List.**

**3) Type of data requested (completed by FirstEnergy Solutions).**

- Sixty (60) minute interval data (if available) provided in ASCII text file
- Monthly billing information (will be provided if 60 minute interval data is unavailable)

**Please fax this information to Sales at  
(888) 820-1416 or email to firstchoice@fes.com**



**ADDITIONAL ACCOUNTS LIST** – (attach as many as necessary)

**Account Number: (11 digits)**

**Meter Number: (9 digits)**

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Service Address	City	State	Zip Code	Rate Code	Utility Name
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