

MI NATURAL GAS LETTER OF AUTHORIZATION FOR THE REQUEST OF HISTORICAL USAGE INFORMATION

CUSTOMER MUST COMPLETE ALL OF THE REQUIRED INFORMATION BELOW:

Company Name: _____
 Legal Entity Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Company Contact: _____ Telephone: _____
 Fax: _____ Email: _____
 X _____ Date: _____
 Business Representative Signature

SELECT LOAD DISTRIBUTION COMPANY (LDC) THAT APPLIES TO REQUEST:

- Michigan Consolidated Gas Company
- Consumers Energy Company

Please accept this Letter of Authorization as a formal request and authorization for the above referenced LDC to release energy usage data, including without limitation, rate class, load profile, consumption history and payment history for the accounts listed below (and on additional accounts if attached hereto) to Exelon Energy Company:

Account Number(s)	Meter Number(s)	Service Address(es)

Please Return via Facsimile to: 708-416-1332
Or via Email to: EE.sales@exeloncorp.com
 Attn: (Your Exelon Energy Contact, if known)

Questions? Please call 800.261.4301

