

## Customer Consent Release Form To Release Information and Conduct Account Activity

custcarecorr@dteenergy.com

1-313-235-0662

Email:

Fax:

This Customer Consent Release Form permits DTE customers of record to delegate certain rights to Authorized third parties concerning DTE Electric and DTE Gas 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 third party is entitled to receive. Please insure 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:

Mail: DTE Energy

Attn: Correspondence - 510 WCB

Questions:		1747 (Residential Assistan 1249 (Business Assistance			
PART 1 -	Custom	er Information			
Customer/Co	mpany Name				
Customer Add	dress				
City		State	ZIP Code	Phone Number	
DTE Energy Account Number		oer	Email Address		
PART 2 -	Custom	er Authorization a	and Release		
I understand that by reason of this Authorization, the named Authorized third party 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.  I (Customer) hereby release, hold harmless, and indemnify DTE Energy from any liability, claims, demands, 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.					
Name of Author	ized Person (P	LEASE PRINT)	Executed this date of	// (mm/dd/yyyy)	
Title (if applicable)		LEAVE BLANK			
Authorized Sign	ature		-		

PART 3 – Third Party Seeking Customer Authorization							
Name							
DTE Implementation Team							
Mailing Address							
600 1st Ave							
City	State	ZIP Code	Phone Number				
Seattle	WA	98104					
Company Name (if applicable)		Email Address	·				
Calico Energy		contact@calicoenergy.co	contact@calicoenergy.com				

## The third party is allowed to view the following information (identify all that apply):

x = apply		
	_12 months of electric hourly usage	
	_12 months of daily gas usage	
	_12 months of billing history	
	thly billing history & 1-time historical billing tronically for DTE Building Energy Usage Data Hub Too	Other (specify)

## Note:

Following receipt of this Customer Consent Release Form, DTE Energy 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 and expire in one year.

This form is applicable only to the Authorized third party identified above. If additional Authorized third parties are required, then separate Customer Consent Release Forms must be filled out and returned to DTE Energy.