



Customer Consent Release Form To Release Information and Conduct Account Activity

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:

Email: custcarecorr@dteenergy.com

Fax: 1-313-235-0662

Questions: 1-800-477-4747 (Residential Assistance)
1-855-383-4249 (Business Assistance)

Mail:
DTE Energy
Attn: Correspondence – 510 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 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 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.</i></p>	
Name of Authorized Person (PLEASE PRINT)	Executed this date of _____ / _____ / _____ (mm/dd/yyyy)
Title (if applicable)	LEAVE BLANK
Authorized Signature	

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

monthly billing history & 1-time historical billing _____ Other (specify)
electronically for DTE Building Energy Usage Data Hub Tool

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.