

[Customer's Letterhead, Logo and Contact Information]

(Date)

BUSINESS CENTER
CONSUMERS ENERGY
4000 CLAY AVENUE SW
PO BOX 201
GRAND RAPIDS MI 49501-0201, Fax: 616-530-4105

Please consider this letter as a formal request to have Constellation NewEnergy, Inc.
(Supplier/Energy Manager Agent)
listed as an Authorized Agent for _____
(Company/Corporation)

Effective immediately, Constellation NewEnergy, Inc. is authorized to access my consumption, billing,
(Agent)
tariff or metering data they may solicit on our behalf. I understand that some information requests are
available on a per fee basis and acknowledge that my initial free copy may be sent to the above-
mentioned party. Please advise if charges are applicable.

Release of Information:

Please provide 12 months of consumption and billing history for the following account(s) to:

_____ of _____ (Agent Name) (Agent)	_____ <u>Constellation NewEnergy, Inc.</u> (Agent)
1000 Town Center, Suite 2350 (Mailing Address)	248-936-9000 (Telephone Number)
Southfield, MI 48075 (City, State, Zip)	248-936-9007 (Fax Number)

Company's Service Address	Account Number	Meter Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any further information is required, please contact me at _____
(Telephone Number)

(Name)

(Title)

(Signature)