



**AUTHORIZATION FOR CUSTOMER USAGE HISTORY RELEASE**

Customer/Business Name \_\_\_\_\_  
(As it appears on your bill)  
Service Address \_\_\_\_\_

Account Number(s) \_\_\_\_\_  
(As it appears on your bill)

Contact person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

I authorize \_\_\_\_\_ to release my electric usage history for the last 12 months  
to: (insert utility name)

Delaware Valley Energy Solutions  
Attention: Operations Analyst  
PO Box 788  
Downingtown, PA 19335  
Phone: 610-269-0555  
Fax: 484-631-0800

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_