

(please complete one copy of this form for each electric distribution company)



_____ Curtailment Service Provider
whichever is earlier. _____ will treat all historical electric usage information obtained under this
_____ Curtailment Service Provider
authorization as confidential information.

This form must be completed in its entirety and signed by the customer of record or by someone who has power of attorney or other legal right to sign the customer's name on their behalf.

Customer Signature _____ Date _____

CUSTOMER NAME		
OWNER OR JOB TITLE IF FOR BUSINESS		
CUSTOMER PHONE	FAX	CUSTOMER EMAIL
BUSINESS NAME		
CUSTOMER ADDRESS		
FIRSTENERGY CO. (OHIO EDISON, WEST PENN POWER, ETC.)		

[illegible]

Return this completed form and one utility bill for each electric distribution company account to your account representative at _____.

Curtailment Service Provider

Curtailment Service Providers and Conservation Service Providers (Pennsylvania only) should return completed Customer Letter of Authorization forms to csprequests@firstenergycorp.com.

[illegible]

Return this completed form and one utility bill for each electric distribution company account to your account representative at _____.

Curtailment Service Provider

Curtailment Service Providers and Conservation Service Providers (Pennsylvania only) should return completed Customer Letter of Authorization forms to csprequests@firstenergycorp.com.

[illegible]

Curtailment Service Provider

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