Please attach the completed form to the Contact Us Web Form:
https://www.firstenergycorp.com/content/fecorp/supplierservices.html

New Jersey – Community Solar Program
Subscriber Organization Customer Usage Information Authorization

Subscriber Organization Information (please print):

Name:_____

Address: _____

City:_____ State:_____Zip Code: _____

Email:_____ Phone: ( ) _____

Subscriber Organization ID Number: _____

Interconnection GEN Number: _____

12 Months of historical monthly consumption (kWh) will be provided for the customer(s) reflected below

20 Digit Customer Number(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize my electric utility to act on my behalf to obtain my historical energy usage and consent to the release of same. Customer usage information is considered confidential.

_____ _____

Subscriber Organization Representative's Signature Date

This authorization is valid for 90 days from the above date.