

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

Maryland – Community Solar Program
Subscriber Organization Customer Usage Information Authorization

Utility Customer Name: _____

Utility Customer Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

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

Utility Customer (20 digit) Number or Contract Account Number: _____

I hereby authorize my electric utility to act on my behalf to provide 12 months of my historical electricity usage to the Maryland Community Solar Program Customer usage information is considered confidential.

Utility Customer's Signature

Date

Subscriber Organization Information

Subscriber Organization Host/Third Party Representative Name: _____

Subscriber Organization ID Number: _____

Interconnection GEN Number: _____

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