



## DUKE ENERGY CUSTOMER DATA RELEASE FORM

Unless required by law, Duke Energy’s regulated utilities are unable to disclose customer information to any person or company without the customer’s consent and then only to the extent specified by the customer.

I authorize Duke Energy to release my energy data to Advanced Energy and the NC Housing Finance Agency \_\_\_\_\_

beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The following data elements will be included:

- Customer Name
- Customer Type (Ex. Residential or Non-Residential)
- Rate Schedule
- Billing Account Number
- Service Address
- Bill Month and Year
- KWH Usage & Charges
- Gas Usage & Charges
- Reading Date

I understand that Duke Energy will provide this information to the named third party only once. I agree to release Duke Energy from all legal liability from the disclosure of my data. Specifically, I hereby release Duke Energy from, and waive and agree not to sue Duke Energy for, any losses, liabilities, claims, damages, costs or expenses which I may have under any theory of law including, but not limited to, negligence, gross negligence, contract, and/or intentional tort, arising out of or in any way connected to the disclosure of my data. MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY.

**Please print:**

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Duke Energy Service Address: \_\_\_\_\_

**Note: The Account Name and Customer Signature must both match the customer of record for the account.**

**I realize that under the rules and regulations of the North Carolina Utilities Commission, the Public Service Commission of South Carolina, the Public Utilities Commission of Ohio, the Florida Public Service Commission, the Indiana Utility Regulatory Commission, and the Kentucky Public Service Commission, I may refuse to allow Duke Energy to release the information set forth above. By my signature, I freely give Duke Energy permission to release the information designated above.**

Customer Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Please ensure that the account number, service address (city and state) and account name are clearly shown on the form. All of these items are on the customer’s monthly bill.