(Date)

CONSUMERS ENERGY

# CUSTOMER SERVICE

4000 CLAY AVENUE SW

# GRAND RAPIDS, MI 49548-3017

**CS\_Incoming\_Customer\_Faxes@cmsenergy.com**

RE: Letter of Authorization

This letter is a formal request to have listed as an Authorized Agent for

 (Property Manager/Energy Manager Agent)

 .

 (Company/Corporation/Landlord/Owner)

Effective immediately, is authorized to:

 (Property Manager/Energy Manager Agent)

(Please select all that apply)

* Receive historical usage
* Request rate changes
* Receive billing and payment information
* Request account changes, including billing address
* Request work orders
* Request to establish or terminate accounts

 (Other)

This authorization is valid for a term of months/years and expires on / /

 (up to 5 years) (Date)

# Service Address *(attach list if needed)*

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed By:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Owner’s Signature) (Printed Name)

 (Title) (Telephone Number)

 (Email Address)