



RELEASE OF CUSTOMER INFORMATION

Thank you for your request to provide full authorization for a representative to discuss your account.

I give full authorization for _____ to discuss my account(s) for the account's duration. If I choose to revoke authorization, I will contact Consumers Energy Customer Service to do so.

ADDRESS OR ACCOUNT NUMBER	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

In order to complete your request, we need your signature below providing approval. The representative must be 18 years of age or older.

ACCOUNT HOLDER		
Signature: _____	Printed Name: _____	Date: _____

Email completed form to: CS_Incoming_Customer_Faxes@cmsenergy.com, take to a Direct Payment Office, or mail to:

Consumers Energy Customer Service
4000 Clay Avenue SW
Grand Rapids, MI 49548-3017

Your request will be completed within 10 business days. If you have any questions, please contact us at 800-477-5050.