



**CUSTOMER RECORD AND INFORMATION
RELEASE AND AUTHORIZATION**

THE UNDERSIGNED, a customer of Duke Energy Florida, Inc d/b/a Duke Energy, does hereby grant authority to Duke Energy, and any of its authorized representatives to release any and all information concerning my account or other records, including, but not limited to, ail records relating to my payments (including any delinquent payments or notices or returned checks for insufficient funds) for electric utility service, and further, hereby releases Duke Energy from any and all liability related or in any way associated with the release of such information or in any way related to the use made of such information by the party to whom the information is provided. This release is valid only for the person or entity to whom this authorization is granted; is valid only for the period of time set forth below; and is valid only for service on the account at the address or addresses set forth below. Any other disclosure is contrary to my wishes and the intent of this release and authorization. I hereby allow this release and authorization and the information to be released by Duke Energy to be transmitted electronically or via facsimile. By executing this release, I hereby certify I am the account holder and have authority to authorize Duke Energy to disclose such information.

Customer Name: _____ (please provide full name)

Alternative Name: _____ (maiden, former, a/k/a)

Address: _____

Account(s) Number: _____

Last 4 digits of
Social Security Number _____

THIS AUTHORIZATION IS DATED THIS _____ DAY OF _____ 20____, AND IS VALID FOR A PERIOD OF 90 DAYS THEREAFTER. ANY DISCLOSURE OF INFORMATION MADE DURING THAT PERIOD SHALL BE DEEMED AUTHORIZED.

CUSTOMER SIGNATURE

The Customer has provided proof of identity (government issued photo id or social security card).

Agency's Signature