



Service Address:

Account Number:

Dear Applicant,

Your request for electric service has been reviewed. Based on the information you provided, Duquesne Light cannot confirm your identity and/or credit history. Therefore, please provide the following to Duquesne Light to complete your request for service at the above-referenced service address:

- The enclosed, fully-completed service application
- Completed, notarized statement including the original notary signature and notary seal

These documents should be sent to one of the following:

E-Mail: applications@duqlight.com	Mail: Duquesne Light Company
	Dept. 6-1
FAX: 412-393-5881	411 7th Ave Ste 3
	Pittsburgh, PA 15219-1942

Once Duquesne Light receives all required information, we will contact you regarding next steps to establish service. Failure to provide all required information may delay your request to establish service.

A deposit may be required to establish service. If a deposit is required, Duquesne Light will pay an annual interest rate in accordance with the legal rate of interest on the security deposit for the period in which the deposit is held. The deposit will be held until you establish a satisfactory payment history.

If a deposit is required, Duquesne Light may waive the security deposit required if you: 1) are an individual Residential Applicant with household income at or below 150% of federal poverty guidelines; or 2) provide an acceptable third-party guarantor. The guarantor must agree in writing to pay for all unpaid electric service if you do not pay your bill. Please contact the Customer Service Department at 412-393-7100 if you qualify for either of these options.

HRNA

Duquesne Light's decision to require a written application was based, in part, on information obtained (or lack thereof) in a report from TransUnion Consumer Solutions; P.O. Box 2000, Chester, PA 19022-2000; Telephone Number: 1-800-916-8800. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. The reporting agency played no part in Duquesne Light's decision and is unable to supply specific reasons for that decision. You also have a right to a free copy of your report from the reporting agency, if you request it no later than 60 days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

Customers with a Protection from Abuse Order (or other similar court order) can benefit from lenient credit and liability standards that may be available to you. Please contact the Customer Service Department at 412-393-7100 and be prepared to provide a copy of the Protection from Abuse Order.

Duquesne Light Company is regulated by the Pennsylvania Public Utility Commission. You have the right to contact the Pennsylvania Public Utility Commission by calling 1-800-692-7380 or writing to P.O. Box 3265, Harrisburg, PA 17105-3265.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning Duquesne Light Company is the Federal Trade Commission.

Sincerely,

Customer Service Department



RESIDENTIAL APPLICATION FOR ELECTRIC SERVICE

IMPORTANT – COMPLETE AND RETURN FULL FORM

You must be 18 years or older to apply for service. Complete application must be returned. If this application is incomplete, incorrect, or fraudulent, service will not be established. (*) Indicates a required field

*Applicant First and Last Name:		*Date of Birth: / /	Social Security Number:	
*Joint Applicants (Include <u>all</u> adult occupants listed on the mortgage, deed, or lease. Additional space on back)				
1. Joint Applicant First and Last Name:		Date of Birth: / /	Social Security Number:	
2. Joint Applicant First and Last Name:		Date of Birth: / /	Social Security Number:	
3. Joint Applicant First and Last Name:		Date of Birth: / /	Social Security Number:	
*Service Address:			*Primary Telephone Number:	
Apartment/Floor/Unit/Suite:			Secondary Telephone Number:	
*City:	*State:	*Zip Code:	<input type="checkbox"/> *This service address will have electric heat.	
Email Address:			<input type="checkbox"/> I authorize Duquesne Light to communicate with me via email, including regarding this application (optional)	
*Move In Date: / /		*Turn On Date: / /		
Mailing Address (if different from Service Address):				
*List all addresses where you lived in the last four years and dates you lived there.				
*From: / /	To: / /	Address:	City:	State: Zip Code:
From: / /	To: / /	Address:	City:	State: Zip Code:
*If renting, provide name of Landlord:			Telephone Number:	
Address of Landlord:				

If you are a landlord and this electric service will be used by your tenant, please check this box:

Please send 1) completed application 2) notarized statement including notary signature and seal to:

E-MAIL: applications@duqlight.com

MAIL: Duquesne Light Company

FAX: 412-393-5881

Dept. 6-1
411 7th Ave Ste 3
Pittsburgh, PA 15219-1942

By completing an application for service, you give DLC permission to check your credit and validate your identity with TransUnion; this inquiry does not impact your credit score.

*Signature

Date

Signature Joint Applicant (if applicable) Date

Call Duquesne Light at (412) 393-7100 to pay your deposit or outstanding balance in certified funds (no personal checks)

RESIDENTIAL APPLICATION FOR ELECTRIC SERVICE

*Additional Joint Applicants *(Include all adult occupants at service address listed on the mortgage, deed, or lease)*

4. Joint Applicant First and Last Name:	Date of Birth: / /	Social Security Number:
5. Joint Applicant First and Last Name:	Date of Birth: / /	Social Security Number:
6. Joint Applicant First and Last Name:	Date of Birth: / /	Social Security Number:
7. Joint Applicant First and Last Name:	Date of Birth: / /	Social Security Number:
8. Joint Applicant First and Last Name:	Date of Birth: / /	Social Security Number:
9. Joint Applicant First and Last Name:	Date of Birth: / /	Social Security Number:



Applicant First and Last Name:
Service Address:

A notarized statement, including the original notary signature and notary seal, along with your completed application are needed to process your service request with Duquesne Light. If you currently reside outside of the United States, a notarized statement is not required. These documents should be sent to one of the following:

E-MAIL: applications@duqlight.com

MAIL: Duquesne Light Company
 Dept. 6-1
 411 7th Ave Ste 3
 Pittsburgh, PA 15219-1942

FAX: 412-393-5881

NOTARIZED STATEMENT:

State of _____

County of _____ (or City of _____)

On this ____day, of Month _____ 20 ____

I certify that _____ has provided proper documentation to positively identify him/her self.

Please place Notary Seal and/or Stamp in box below

 Notary Signature

 My Commission Expires