

Identity Verification Form Instructions

Instructions for Applicant

1. Complete all fields in Section I.
2. Present yourself to a notary.
3. Have a notary complete Section II. (If possible, request an ink notary stamp that can be faxed.)
4. Complete both of the following steps:
 - a. Fax the completed form to Duke Energy at 1.800.519.3853 or email the form to MWIDVerification@duke-energy.com
 - b. Mail this completed original form to:
Duke Energy
644 Linn St EF367 -
Attn: Credit Investigation
Cincinnati, Ohio 45203

Note: The original notarized form with all fields completed must be received at the address listed above within ten business days or the account is subject to disconnection. We recommend you keep a copy for your records.

Instrucciones para llenar la forma de Verificación de Identidad

Instrucciones para el Solicitante

1. Llene toda la información requerida en la Sección I.
2. Lleve la forma a un notario para su certificación.
3. Pida al notario que llene la Sección II. (Si es posible, solicite al notario que use un sello de tinta para que la forma pueda ser remitida por fax.)
4. Continúe con los siguientes dos pasos:
 - a. Envíe la forma por fax a Duke Energy al 1.800.519.3853, ó por correo electrónico a MWIDVerification@duke-energy.com
 - b. Envíe la forma original por correo a:
Duke Energy
644 Linn St EF367 -
Attn: Credit Investigation
Cincinnati, Ohio 45203

Nota: La forma original certificada por un notario se debe recibir en las direcciones especificadas arriba en un plazo de diez días, de no ser así, la cuenta estará sujeta a desconexión. Le recomendamos que mantenga una copia para sus archivos.

Identity Verification Form

Upon request by Duke Energy, this form must be completed to validate the identity of the individual establishing or maintaining a utility account with Duke Energy.

Section I

In compliance with my application for utility service with Duke Energy, or continuation of service:

I, _____, the utility service applicant and undersigned, do hereby state and declare the following:

This affidavit concerns utility service at the following service location:

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Note: You must complete all fields in Section I above.

Email Address: _____

(We may contact you via email if we have additional questions)

I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

Applicant Signature: _____ Date: _____

Section II

State _____ County _____

I do hereby certify that _____ (Applicant) personally appeared before me this day and is known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and official seal this _____ day of _____ in the year of 20_____.

My Commission expires: _____

(Notary Printed Name)

(Notary Signature)