

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. Fax the completed form to Duke Energy at 1-800-519-3853
5. Mail this completed original form to:

Duke Energy
644 Linn Street
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 la Forma de Verificación de Identidad

Instrucciones para el solicitante

1. Complete toda información requerida en la Sección I
2. Presentese ante un notario.
3. Pídale al notario que complete la Sección II (Si es posible, solicite una estampilla de tinta notariada que pueda ser enviada por fax)
4. Envíe la forma por fax a Duke Energy al 1-800-519-3853
5. Envíe la forma original por correo a:

Duke Energy
644 Linn Street
EF367 – Attn: Credit Investigation
Cincinnati, Ohio 45203

Nota: La forma notariada original debe ser recibida en la dirección especificada arriba en un espacio de 10 días o la cuenta estará sujeta a desconexión. Le recomendamos que mantenga una copia para sus records.

**Todos los espacios en la forma son requeridos para que Duke Energy pueda usar dicha forma.

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 utility 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.

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)