

DTE ENERGY – RENEWABLE ENERGY GRANTOR INFORMATION FORM

PROJECT NAME: _____

GRANTOR NAME (FIRST, MI, LAST NAME or ENTITY): _____

STREET NUMBER AND STREET NAME: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE (_____) _____

CELL PHONE (_____) _____

ALT PHONE (_____) _____

EMAIL ADDRESS: _____

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