CENTRAL FLORIDA EXPRESSWAY AUTHORITY

# SELF INSPECTING AGENCY RELEASE FORM

**Duke Energy**

In order to expedite the connection of electric service and ensure the electrical integrity of “self-

inspected” locations, we ask that the following information be completed and submitted to Duke Energy at BSUCCST@duke-energy.com.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Inspecting Agency: Central Florida Expressway Authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion of this Release and Authorization certifies that the property listed above has been inspected and that it meets the requirements necessary to permit the electrical system to be attached to the electrical system of Duke Energy and to receive electric energy service. By executing and forwarding this Release and Authorization the “self-inspecting” agency assumes any and all liability for the failure of the electrical system to be properly installed to receive electric energy and the “self-inspecting” agency hereby indemnifies and agrees to hold Duke Energy harmless from any and all claims that arise as a result of the electric system and failure, including any failure of the circuit connecting this property to Duke Energy’s existing electric system.

Completion of this Release and Authorization further certifies that the property to receive service qualifies for self-inspection and has been inspected to the satisfaction of the inspecting agency and that Duke Energy is authorized to connect electric service. Receipt of this Release and Authorization is a condition precedent to Duke Energy delivering service at this location and the indemnification provided for this certification is specially bargained for between the parties.

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_