

THIRD PARTY NOTIFICATION

Once in a while, for one reason or another, a customer fails to pay his or her <UTILITY> bill. Under the Third Party Notification program, <UTILITY > will notify you and another person you choose to receive copies of shut off notices. The Third Party can be a trusted relative, friend, clergy member, or social service agency.

The Third Party Notification program is voluntary and can help you if you are hospitalized, away from home for extended periods of time or homebound. The Third Party is not responsible for paying your bills and this program will not stop <UTILITY> from shutting off your <UTILITY> service if you do not pay your bills. When a Third Party contacts <UTILITY> about the shut off notice, we will tell them what you can do to stop the shut off. The Third Party does not have the right to make a payment agreement for you.

To sign up, both you and the Third Party must complete and sign the form below. **Do not return this with your bill, return it to:**

<UTILITY NAME>

<UTILITY ADDRESS>

<CITY, STATE, POSTAL CODE>

IMPORTANT THINGS TO REMEMBER:

- Notify us immediately if you want to change or drop your Third Party.
- Notify us if your Third Party moves.
- Notify us if you move and you want the Third Party transferred to your new address.

Please sign me up for the Third Party Notification program. By completing this form and returning it to <UTILITY>, I request that a copy of any shut off notice be given to the person or agency named below.

CUSTOMER NAME:

<UTILITY> ACCOUNT/CUSTOMER NUMBER:

CUSTOMER ADDRESS:

CUSTOMER SIGNATURE:

DATE:

Receipt of a copy of a shut off notice by the Third Party does not place any obligation on that party to pay the <UTILITY> bill for the customer named above nor will it necessarily stop shut off if payment is not made. The notice simply reminds the Third Party of a chance to help the customer solve the problem.

THIRD PARTY NAME:

THIRD PARTY ADDRESS:

THIRD PARTY SIGNATURE:

DATE: