

Third Party Notification Form

If you have been served a notice of proposed disconnection by your utility you may want to alert a third party (friend, relative, church group or community agency) that a disconnection notice has been issued to you. The third party does have the right to contact the utility and provide information or work out a payment arrangement.

If you want a third party to be notified of the potential disconnection, please complete this form and return it to the utility.

Customer Name _____

Account Number _____

Service Address _____

Home Phone _____

Work Phone _____

Third Party _____

City _____

State _____ Zip _____

Third Party Home Phone _____

Third Party Work Phone _____

Third Party Signature _____ Date _____

The utility has my permission to provide information to and accept information from the third party named above.

Customer Signature _____ Date _____

This request will not be accepted without the third party's signature. The customer making this request understands that the utility assumes no liability for failure of third party to act upon notification.

**Application for Winter Disconnect
Inability to Pay Declaration Form**

If you can't pay your full bills and need cold weather protection from utility shutoff, fill out this form and return it to you local utility immediately.

Name _____

Service Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Account from your utility bill _____

Total amount you owe \$ _____

Total annual (yearly) household income \$ _____ Number of persons in household (include yourself) _____

Source of income (circle appropriate sources)

- Employment
- AFCD/GA
- Disability/Social Security/Pension
- GA Medical Care/Medical Assistance (I do not pay my own medical expenses)
- Other _____

Please circle if any of the following exists in your home: Medical Emergency Disabled person in residence

Payment Arrangements (Inability to Pay)

I propose to pay my outstanding and future bills according to the following schedule of payments:

\$ _____ by (date) _____ \$ _____ by (date) _____

\$ _____ by (date) _____ \$ _____ by (date) _____

If you are the "Third Party" for the customer whose service is affected by this notice and are submitting this for that customer, please sign here.

Signature _____ Phone Number _____ Date _____

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Responsibilities. I declare that the above information is true and correct. I give my permission to any energy provider or public assistance agency that services me to exchange income and billing information with other energy providers and my utility for the purpose of qualifications.

Customer Signature _____ Date _____