

CITY OF UNION
THIRD PARTY NOTIFICATION FORM
(Please Type or Print all Information)

Name _____ Account Number _____

Social Security Number _____

Work Phone _____ Home Phone _____ Cell Phone _____

Account Address _____

The City of Union is committed to a third party notification system for its electric/natural gas customers. The intent of this program is to offer our customers the opportunity to have a third party notified in the event of disconnection of electric and natural gas service due to non-payment of bills.

Customers wishing to take advantage of this system must complete this form in its entirety and return it to (*City of Union, P.O. Box 987, Union, SC 29379*). By submitting this form, the customer authorizes the City to release his/her utility account information to any or all of the parties listed by the customer below. The customer also assumes the responsibility to notify the City of Union of any changes to the contact information listed on this form.

In the event that service for the above utility account is scheduled for disconnection, the City of Union will call the telephone numbers for the customer and the third-party listed on the Third-Party Notification Form to notify them of the City's intention to disconnect the customer's service.

This form relates to electric and natural gas service and the City of Union reserves the right to disconnect any other service for which payment is past due.

In the event that the City of Union attempts to notify the account holder (customer) and the authorized third party listed below and is unable to reach any or all parties, the City of Union will continue with service disconnection as scheduled.

This form must be renewed annually between November 1 and November 30, according to your billing cycle, to ensure service continuity.

Authorized Third Party:

Name _____

Work Phone _____ Home Phone _____ Cell Phone _____

Street Address _____

City, State, Zip _____

Customer Authorization:

I, _____, understand and agree to the terms listed herein and authorize the City of Union to notify the above authorized third party as to the status of payment or non-payment of my City of Union utilities account. I further understand that failure of the City of Union, upon reasonable attempt described here, to notify me or the authorized third party will not preclude the City of Union from disconnecting my electric service.

Customer Signature: _____ Date: _____

Customer Printed Name _____

Third Party Signature: _____ Date: _____

Third Party Printed Name _____

Date: _____

FOR OFFICE USE ONLY:
1. INT _____ DATE _____
2. INT _____ DATE _____