



THIRD PARTY NOTIFICATION FORM

To be valid, this form must be signed by the customer (or his/her legal representative) **AND** by the third party to be notified.

Completion of this form will authorize Colorado Springs Utilities to send any and all collection-related correspondence and notifications, including but not limited to duplicate notice of discontinuance and/or applicable collection letters, to the named third party.

Completion of this form will authorize Colorado Springs Utilities to process your third-party request and to advise the third party whether or not the utility services are on or off at the subject premise(s), when requested.

If utility service is transferred to another premise, these authorized notifications will automatically stop.

Please complete **both** portions of this form and return to Colorado Springs Utilities to initiate third party notification on your account.

Primary Customer Information

Account Number _____

* Account Holder Name _____

Service Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Primary email Address _____
 Cell Landline

Third Party Information

* Name _____ Relationship to Customer _____

* Mailing Address to Send Notice _____

* City _____ * State _____ * Zip _____

Primary Phone Number _____ Primary email Address _____
 Cell Landline

* Signature of Customer _____ Date _____

* Signature of Third Party _____ Date _____

*Indicates a required field to process form.

Return completed form through one of the following channels.

Mail:
Colorado Springs Utilities
P.O. Box 340, Mail Code 1339
Colorado Springs, CO 80901-1339

email:
Customerservicesupport@csu.org