



# 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