

Third Party Authorization Form

The undersigned hereby authorizes THE CITY OF DOVER to release information relating to disconnections to electric at the property address set forth below.

- This authorization shall be effective on the date of this form and shall continue for so long as the undersigned holds an account with THE CITY OF DOVER.
- Subsequent changes to this Third Party Notification must be submitted in writing.
- The Third Party is not obligated to pay the bill, nor have any legal responsibility.

Authorization Date: ____/____/____

Customer Account #

Property Address: _____

Print Customer Name

Customer Signature

I authorize THE CITY OF DOVER to send a copy of any disconnect notice for the above account to:

Name: _____

Address: _____

Fax: (_____) _____ - _____

Phone: (_____) _____ - _____