

VILLAGE OF ARCADE
 17 Church Street • Arcade • NY • 14009
 (585) 492-1111 • phone

THIRD-PARTY NOTIFICATION REQUEST FORM

INSTRUCTIONS: Complete this form to request third-party notification in the event you are unable to pay your utility bill and service is scheduled to be terminated. Return this form to the Village of Arcade at the address listed above.

I hereby request that any final termination notice of my Village of Arcade utility service for nonpayment of bills also be mailed to the following person or agency. In making this request, I understand that the Village of Arcade has no liability if it fails to provide the requested notice for any reason.

[] CHECK THIS BOX

IF the third-party designated below is also authorized to communicate with Village of Arcade representatives about information on my account including but not limited to: adjustments; bank drafts; billing; fees; payment, non-payment, and credit history; payment arrangements; penalties; requests to discontinue service; etc.

This section to be completed by the customer	Account Number:	
	Customer Name:	
	Service Address:	
	Daytime Telephone Number:	()
	Customer Signature:	
	Date:	
This section to be completed by the third-party	Third-party Name:	
	Mailing Address:	
	Daytime Telephone Number:	()
	Relation to Customer:	
	Third-party Signature: I understand that I am not obligated to pay any part of the customer's bill.	
	Date:	