

**ABBEVILLE PUBLIC UTILITIES
THIRD PARTY NOTIFICATION FORM
(Please Type or Print all Information)**

Name _____ Account Number _____

Social Security Number _____

Work Phone _____ Home Phone _____ Cell Phone _____

Account Address _____

Abbeville Public Utilities 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 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 P.O. Box 639, Abbeville, SC 29620. By submitting this form, the customer authorizes the Utility 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 Abbeville Public Utilities 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, Abbeville Public Utilities will call the telephone numbers for the customer and the third-party listed on the Third-Party Notification Form to notify them of the Utility's intention to disconnect the customer's service.

This form relates to electric service and Abbeville Public Utilities reserves the right to disconnect any other service for which payment is past due.

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

This form must be renewed annually by October 15 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 Abbeville Public Utilities to notify the above authorized third party as to the status of payment or non-payment of my utilities account. I further understand that failure of Abbeville Public Utilities, upon reasonable attempt described here, to notify me or the authorized third party will not preclude Abbeville Public Utilities from disconnecting my electric service.

Customer Signature: _____ Date: _____

Customer Printed Name _____

Third Party Signature: _____ Date: _____

Third Party Printed Name _____ Date: _____

Please submit completed form to: P.O. Box 639, Abbeville, SC, 29620