

*Nemacolin, Inc.*

PO Box 484  
Nemacolin, PA 15351

## PROPERTY OWNER INFORMATION

Account Number

Service Address

Property Owner/Property Manager Name

# Third Party Notification Form

*This form MUST be completed by the owner of the property or his or her agent. Complete only the sections that apply.*

**Add**

**Third Party Name:** \_\_\_\_\_  
Last First Effective Date

**Third Party Mailing Address:** \_\_\_\_\_  
(If different from Service Address) Street City State Zip Code

**Third Party Phone:** \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

**Third Party Relationship:** ☐ Tenant ☐ Property Manager ☐ Other \_\_\_\_\_

**Delete**

**Third Party Name:** \_\_\_\_\_  
Last First Effective Date

**Third Party Mailing Address:** \_\_\_\_\_  
(If different from Service Address) Street City State Zip Code

**Third Party Phone:** \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

**Third Party Relationship:** ☐ Tenant ☐ Property Manager ☐ Other \_\_\_\_\_

As the owner of the above property, I hereby authorize mailing of duplicate bills and delinquency notices to this third party. I understand, as owner of the above property, and by signing this form that I retain responsibility for charges incurred at the above service address. I understand that my 3rd party tenant does have the option of applying for service, in their name, as long as a signed consent form has been submitted to Nemacolin, Inc. by me the owner. I also permit disclosure of the amounts due or paid on this account and which services are billed on this account to the third party.

This authorization for utility account disclosure shall apply only to the period(s) for which the third party receives third party notification. I understand I may revoke this consent at any time by providing this form to Nemacolin, Inc. Customer Service via mail. The revocation will become effective upon receipt of this form.

Signature

Date

Printed Name and Title (if owner is not individual)