

PO Box 216 Greer, SC 29652 Phone: 864-848-5500 Fax: 864-968-2162 www.greercpw.com

## THIRD PARTY NOTIFICATION FORM

<b>Customer Information</b>		
Name:		
First	Middle/Maiden	Last
Service Address Street:		
Greer CPW Account Nui	nber:	Phone:
		electric/natural gas customers. The intent of this program is to the event of disconnection of electric and natural gas service
Greer, SC. By submitted this	form, the customer authorizes Greer The customer also assumes the resp	e this form in its entirety and return it to 301 McCall Street, CPW to release his/her utility account information to any or all consibility to notify Greer CPW of any changes to the contact
		or disconnection, Greer CPW will call the telephone numbers ation form to notify them of the Greer CPW's intention to
The form relates to the electric which payment is past due.	and/or natural gas service and Gree	er CPW reserves the right to disconnect any other service for
	attempts to notify the account holder (ies, Greer CPW will continue with ser	customer) and the authorized third party listed below and are vice disconnection as scheduled.
This form must be renewed ar	nnually by November 30 <sup>th</sup> to ensure s	ervice continuity.
Authorized Third Party:		
Name		<u> </u>
Address:		
Work Phone	Home Phone	Cell Phone
Customer Authorization:		
I	understand and agree	e to the terms listed herein and authorize Greer CPW to notify
the above authorized party as that failure of Greer CPW, upo	to the status of payment or non-payr	nents of my Greer CPW utilities account. I further understand e, to notify me of the authorized third party will not preclude
Customer Signature		Date
Customer Printed Name		_
Third Party Signature		<u> </u>
Third Party Printed Name		<u> </u>