

Authorized User Request

Date: _____

Customer Name _____

Address _____

City _____ State _____ Zip _____

I authorize Chesapeake Utilities to grant each of the following individuals access to the accounts listed below. I have provided their names and a pass code to be used to verify their Identity. For more than 6 account numbers or authorized users, please see the spreadsheet attached.

Account Numbers *(Required Field)*

Authorized User List *(Both Fields are Required)*

Name

Pass code

Customer Signature

Title
