

THIRD PARTY AUTHORIZATION

Customer Name _____
Account Number _____
Address _____

City _____ State _____ Zip _____

I request Chesapeake Utilities send a copy of the following, for the above account to the Third Party Information below.

Disconnection Notice Billing Statements Usage

Third Party Information

Name _____
Address _____

City _____ State _____ Zip _____

I understand that they are not obligated to pay these bills.

Customer Signature _____ Date _____

EMAIL INSTRUCTIONS: Please fill out the information above, save completed form to your desktop, and submit your form via email to DNGCCLEADS@chpk.com, along with any applicable attachments.