



REQUEST FOR THIRD-PARTY NOTIFICATION

Account Number as shown on Bill

Customer Name(Please print)

(_____)_____
Daytime Phone

THIRD PARTY

Name of Third Party (Please print)

Mailing Address

City/State/Zip

The Akron Public Utilities Bureau has my permission to send a copy of any past due bill on the above account to the Third Party designated above.

Customer Signature

Fax the completed form to us at 330-375-2308 or mail the completed form to:

Utilities Business Office
146 South High Street, Room 211
Akron, Ohio 44308