



*Third Party Notice Request*

**Complete the entire form and mail or fax it to:**

North Branch Municipal Water & Light  
6388 Maple Street  
North Branch, MN 55056

Fax: (651) 674-4254

All fields are required unless otherwise stated.

**Information about the customer being enrolled**

Customer Name (As it appears on the bill)

Address (The utility service address)

City

State

Zip Code

Daytime Phone

Evening Phone (optional)

E-mail address (optional)

North Branch Municipal Water & Light Account Number

By signing this form, the customer is giving North Branch Municipal Water & Light permission to provide information to and receive information from the person named as the third party below.

Customer Signature

Date

**Information about the third party (to whom and where the notice should be sent)**

Name

Agency (if applicable)

Mailing Address

City

State

Zip Code

Daytime Phone

Evening Phone (optional)

E-mail Address (optional)

Third Party Signature

Date

North Branch Municipal Water & Light will send a copy of any disconnect notice to the third party at the address specified on this form. The customer and the third party understand that North Branch Municipal Water & Light is not liable if the third party does not receive the notice or fails to act upon the notice.