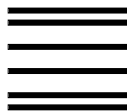
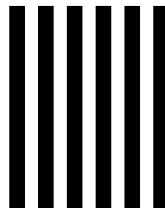




20682(8-81)  
North Dakota  
(08/2025)

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 427 BISMARCK ND

POSTAGE WILL BE PAID BY ADDRESSEE

MONTANA-DAKOTA UTILITIES CO  
ATTN: CREDIT DEPARTMENT  
PO BOX 5603  
BISMARCK ND 58506-9904



## THIRD PARTY NOTICE



***Are you responsible for someone  
you care about?***

**You can protect them from service  
disconnection by signing up for our  
Third Party Notice program.**

The program lets any customer designate a relative,  
friend, church or community agency to receive  
notification before service is disconnected for non-  
payment.



 **800-638-3278**  
**[www.montana-dakota.com](http://www.montana-dakota.com)**

# WHAT IS THE

## THIRD PARTY NOTICE PROGRAM?

Montana-Dakota Utilities Co. (MDU) has a program available called "Third Party Notice." The purpose of the program is to help avoid any hardship which could result from disconnection of service by alerting a third party to such action in advance. This voluntary program would most benefit customers who are ill or elderly and live alone.

Under the "Third Party Notice" program, if it would be necessary to disconnect service due to nonpayment of past due bills, the customer as well as the designated third party would be notified prior to the disconnect date.

A third party can be a friend, relative, church or community agency. The designated third party will have the right to receive and provide information regarding the customer's personal circumstances. Please talk with this third party before you tell MDU this person will help you. The third party will not be responsible for payment of the customer's bill.

If your personal circumstances require that a third party be aware of a potential disconnection of your utility service, please complete and detach the form provided and return it to MDU as soon as possible. If you know of someone who might benefit from third party notification, please let them know of it.

As individual circumstances frequently may change, Third Party Notices are valid for one year only, and an annual renewal is required. Please complete the form and return it to MDU—thank you for providing the necessary information each year.

For information about public agencies and community organizations which may be able to assist in payment of winter utility bills, please call 800-638-3278 or write to MDU at PO Box 5603, Bismarck, ND 58506-5603.

## REQUEST FOR A THIRD PARTY NOTICE

*(To be valid for one year only. Annual renewal is required. Please print as you fill out the form.)*

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Account Number from Bill: \_\_\_\_\_

1. Is any member of your household 65 years of age or older? Yes ☐ No ☐
2. Does any member of your household have an emergency medical condition? Yes ☐ No ☐
3. Does any member of your household have a disability? Yes ☐ No ☐
4. Is any member using a life sustaining appliance such as APNEA monitor or oxygen supplementer? Yes ☐ No ☐
5. Do you desire that the area social service office or other appropriate financial assistance agency be notified in the event of a proposed disconnect? Yes ☐ No ☐

**If yes, you will also need to contact your local county social service office.**

6. Do you desire that some other third party be contacted in the event of disconnect? Yes ☐ No ☐  
*Montana-Dakota Utilities Co. has my permission to provide information to and accept information from the party named below.*

Name of Third Party to be Notified (Please provide only one name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*If you are having difficulty paying your utility bill, please call the telephone number found on your utility bill or write to Montana-Dakota at PO Box 5603, Bismarck, ND 58506-5603 so that we can work with you.*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete all information, detach form, seal or tape postage-paid card and mail to MDU as soon as possible.*