

CONSENT TO RELEASE DISCONNECT INFORMATION

Completing this form authorizes Montana-Dakota Utilities to notify the third party listed below when service is at risk of being disconnected due to non-payment.

MDU Customer Information

Customer Name (Please print): _____ Phone#: _____

Service Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip Code: _____

I authorize Montana-Dakota Utilities to notify the party listed below when a service disconnection is pending.

Notification will consist of identifying the service address that is in jeopardy of disconnection. No other details of the account will be released. This authorization may be revoked by receipt of written request from either party.

Montana-Dakota Utilities will make every effort to notify the designated third party; however, the company will incur no liability for failure to provide the requested notification.

Please Note: *Completion of this form is **not** required to establish utility service with Montana-Dakota Utilities. Failure to complete this form **will not** disqualify an applicant from obtaining utility service.*

Signature: _____ Date: _____

Third Party Information

Third Party Name _____

Email Address _____

Third Party Signature: _____ Date: _____