

MONTICELLO, NY

P.O. Box 333 Thompsonville, NY 12784 216 East Broadway 845.794.1210

Your Local Propane & Home Heating Oil Supplier Since 1968

Third Party Notification

Notify someone who cares

If for any reason you are unable to respond to a notice that your heating fuel deliveries might be terminated because of unpaid bills, our firm provides a way to make sure that someone else – a "third party" – will also be notified. **This voluntary program is particularly helpful to those who are ill or elderly and live alone.** It helps prevent unnecessary termination of deliveries.

Choose a friend, relative, church group, community organization or a social services agency for us to notify. We will inform the "third party" that your heating fuel deliveries might be terminated.

The "third party" that you select will not be responsible in any way for your bill. You should choose someone who will get in touch with you after receiving the notice. This will enable the "third party" to help you resolve the problem.

If you wish to take advantage of this service, complete the form on the reverse side and return it with your bill payment. **Before you return the form to us, the person or organization you name to be notified must also sign it.** This shows only that the "third party" is willing to receive a copy of the notice.

If you are having difficulty paying your fuel bill and are having fuel-related emergencies, you may be eligible for a local fuel assistance program. For more information, contact your local Department of Social Services.

Please complete the form, print, sign and return the form to Combined Energy Services.



570.828.1700



Monticello, NY

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Please return completed form to Combined Energy Services.

I request that any notice that my heating fuel deliveries may be terminated because of unpaid bills should also be given to the "third party" specified below who has agreed by signature to receive the notice for informational purposes only.

Customer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Account Number:	
Signature:		Date:
Name of person or organization to be notified.		
Name:	Phone:	
Address:	Email:	
City:	State:	Zip:
I (we) agree to receive any Notice of Termination for informational purposes only, without obligation to pay any amounts owed.		
Signature:		Date:

G CombinedEnergySerices.Com

Please return completed form to Combined Energy Services.

570.828.1700