



THIRD-PARTY NOTIFICATION AUTHORIZATION FORM

To request Third-Party Notification, please print this form, complete it and return it to us at the address or fax number below.

To be Completed by Third-Party

Name of Third-Party to be Notified (Please Print): _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____

Third-Party Signature: _____ Date: _____

To be Completed by Customer

Customer Name (Please Print): _____

Address: _____

City: _____ State: _____ ZIP _____

Account Number from your Bill (11 digits) _____

Phone: _____

Customer Signature: _____ Date: _____

Note: Eversource will send a copy of shut-off/cancellation notices to any designated third-party. Eversource cannot guarantee that any such notice will be received by the third-party.

**Mailing Address: Eversource
Customer Care
P.O. Box 270
Hartford, CT 06141-0270**

Fax Number: 866-855-9921