



Cold Weather Rule—Third Party Designation Form

Customer Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Account Number from Gas Billing ____ - _____ - ____ - ____

I give my permission to Community Co-op to provide information and accept information from the party named below:

Customer Signature _____ Date _____

Name of Third Party to Be Notified _____

Address _____

City _____ State _____ Zip _____

Phone _____

Third Party Signature _____ Date _____

(This request cannot be accepted without the third party's signature.)

Community Co-op will make every effort to send a copy of the Disconnection Notice to the party specified. The customer making the request understands that Community Co-op is not liable should the third party fail to receive or act upon the notice.

For your convenience, complete this form and return it with your next gas bill payment or mail it to:

**Greater Minnesota Gas
PO Box 68
Le Sueur, MN 56058**