

COLD WEATHER RULE (CWR) Third Party Designation Form

This form must be returned with all signatures via email or standard postal service to the addresses below.

Customer Name: _____

Service Address: _____

City: _____

State: MN Zip: _____

Daytime Phone: _____

Email: _____

GMG Account #: _____
(if available)

I GIVE MY PERMISSION TO GREATER MINNESOTA GAS, INC. (GMG) TO PROVIDE INFORMATION TO AND ACCEPT INFORMATION FROM THE AUTHORIZED THIRD-PARTY AS NAMED BELOW. I UNDERSTAND THAT THIS PARTY IS NOT RESPONSIBLE FOR MY BILL.

Customer Signature: _____

Date: _____

Name of Third Party: _____

Mailing Address: _____

Mailing City: _____

State: Zip: _____

Daytime Phone: _____

Email: _____

Third Party Signature: _____

Date: _____

GMG WILL MAKE EVERY EFFORT TO SEND A COPY OF ANY INFORMATION OR DISCONNECTION NOTICE TO THE THIRD PARTY, HOWEVER IS NOT LIABLE SHOULD THE THIRD PARTY FAIL TO RECEIVE OR ACT UPON SUCH INFORMATION PROVIDED.



IG3PD-02

GREATER MINNESOTA
GAS

gmg@greatermngas.com

1900 CARDINAL LANE, FARIBAULT, MN 55021

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