



MLGW

MLGW Third Party

Your Name _____ Date _____

Your Address _____

Account Number _____

Signature _____

Name of third party

to be notified _____

Address _____

City _____ State _____ Zip _____

Signature of third party _____

Please mail this completed form to:

Memphis Light, Gas and Water Division
Credit Operations
P.O. Box 430
Memphis, TN 38101

We will make every effort to contact the designated third party, but we cannot be responsible if they do not receive the notification.

_____ for office use only _____

Customer Code of Third Party Individual _____