



THIRD PARTY AUTHORIZATION

Customer Information

Customer Name _____

Account Number _____

Address _____

City _____ State _____ Zip _____

I request Chesapeake Utilities send a copy of the following for the above account to the Third Party Information below.

☐ Disconnection Notice

☐ Billing Statements

☐ Usage

Third Party Information

Name _____

Address _____

City _____ State _____ Zip _____

I understand that they are not obligated to pay these bills.

Customer Signature _____ Date _____

EMAIL INSTRUCTIONS:

Please fill out the information above, save completed form to your desktop and submit your form via email to:
DNGCCLEADS@chpk.com, along with any applicable attachments.

*We strive to conform to ADA guidelines to ensure accessibility for all users.
If you experience issues filling out or submitting this form, please contact us at **accessibility@chpk.com** for assistance.*