



Liberty Utilities

EXHIBIT
Tompson
DE 18-148
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Third Party Notification

With Third Party Notification, you name a third party to be notified along with you if you receive any final termination notices. You may choose a friend, relative, neighbor, clergy member, or a community or governmental agency. While your third party is not responsible for paying the bill, he or she may be helpful in working out the problem and avoiding termination of your Liberty Utilities service.

Third Party Notification Enrollment Form

E-mail your completed form to NHMedicalLetters@Libertyutilities.com or fax it to: (603) 386-6280, or mail it in a stamped envelope to:

Liberty Utilities
Credit & Collections/Account Processing
P.O. Box 1380
Londonderry, NH 03053-1380

Customer Statement: I request that any final termination notice of my Liberty Utilities service for non-payment also be mailed to the following person or agency. In making this request, I understand that Liberty Utilities has no liability if it fails to provide the requested notice for any reason.

Customer Information:

Customer Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone Number: (____) ____ - _____
Liberty Utilities Account Number: _____ / _____
Customer Signature: _____
Date: _____

Third Party Information:

Third Party Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone Number: (____) ____ - _____
Third Party Signature: _____
Date: _____

X