

Application for Third Party Notice

By completing this form, I request that the third party (person or agency) named below be notified of any Non-Payment Disconnect Order issued by Delmarva Power against my account.

Customer Name _____

Delmarva Power
Account Number _____

Address _____

Phone _____

City _____

State _____

Zip _____

Customer Signature _____

Third Party Name
(person or
agency) _____

Address _____

Phone _____

City _____

State _____

Zip _____

Signature of
Third Party _____