



# Third Party Notice Request

**Dominion East Ohio**

**Print this form, complete it entirely, and mail it to:**

Dominion East Ohio  
P. O. Box 5759  
Cleveland, OH 44101-0759

**Do not include with your bill.**

**About You**

I request that any notice of possible shut-off of my gas service by Dominion East Ohio due to nonpayment of bills, also be mailed to the person or agency named below.

Your Name

Address

City	State	Zip Code
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Daytime Phone	Evening Phone
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E-mail Address (If available)

Dominion East Ohio Account Number (13-Digits)

Your Signature (Required)	Date
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**About Your Third Party Designee**

Receipt of a copy of a termination notice by a third party does not place any obligation to that party to pay utility bills for the above-noted customer, nor will it necessarily defer or prevent termination of service if payment is not made.

Third Party Name

Address

City	State	Zip Code
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Daytime Phone	Evening Phone
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E-mail Address (If available)

Third Party's Signature (Required)	Date
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