

Third Party Designation Form

Return completed, signed form with your St. Lawrence Gas bill payment.

Name: _____ eMail: _____
Address: _____
Town/City: _____ Zip Code: _____
Phone No: _____
Account No: _____

- I am 62 years of age or older.
- I live in an apartment building or a two-family home, but I do not have my own St. Lawrence Gas account.

I receive:

- Public Assistance
- Supplemental Security Income
- Other: _____
(Kind of assistance)
- I have the following hardship condition(s):
 - Medical Hardship _____
(Identify)
 - Life-sustaining Equipment _____
(Identify)
 - Blind
 - Other Disability _____
(Identify)

- Please enroll me in the Balanced Billing Plan.

Your Signature: _____ Date: _____

- Third-Party Program
Your "third party" must read, fill out and sign the section below:

Please let me know if this customer's bill is overdue or if the service might be turned off. I understand that I am not responsible for paying the bill.

Name: _____ eMail: _____
Address: _____
Town/City: _____ Zip Code: _____
Phone No: _____

Account Number: _____

Third Party Signature: _____ Date: _____

Your Signature: _____ Date: _____