



UTILITIES BUSINESS OFFICE

REQUEST FOR THIRD PARTY NOTIFICATION

ACCOUNT NUMBER _ _ _ - _ _ _ . _ _ _

SERVICE ADDRESS _____

The Akron Utilities Business Office has my permission to send a copy of any past due bill for the above account to the Third Party address designated below.

REQUIRED

OWNER NAME OR TITLE (Please Print) _____

OWNER SIGNATURE _____

OWNER ADDRESS _____

OWNER PHONE NUMBER _____

THIRD PARTY NAME (Please Print) _____

THIRD PARTY MAILING ADDRESS _____

Submit **fully completed** form via:

Scan and e-mail to UBO@AkronOhio.gov or

Fax to **(330) 375-2308** or

Mail to: **City of Akron Utilities Business Office**
1180 S Main St, Suite 110
Akron, OH 44301-1253