



For Office Use Only:	
Date Received:	_____
Update UB:	_____
Initials:	_____

Third Party Notification Form

Upon receipt of this signed form, the Moose Lake Water and Light Commission will send the Landlord/Owner a disconnect notice at the same time one is sent to the Renter, should this property become subject to disconnection of electrical service.

Account Number: _____

Service Address: _____

Landlord/Owner

Name _____

Address _____

Phone _____

Landlord Signature:

Date _____

Renter

Name _____

Address _____

Phone _____

Renter Signature:

Date _____

Moose Lake Water and Light Commission
P.O. Box 418, Moose Lake, MN 55767 ♦ (218) 485-4100 ♦ Fax (218) 485-8729
www.mooselakepower.com