



Constellation.

Third Party Notification Authorization Form

This form is intended for customers needing assistance managing their account because of physical impairment, language difficulties, illness, hospitalization or frequent travel. The Third Party Notification option enables you to appoint a third party, such as a caregiver or someone you trust, to receive notifications from Constellation about your account.

Customers: Please complete your portion of the form and provide it to your Third Party designee to complete prior to returning to Constellation via mail, email or fax.

To Be Completed by Third Party

Please choose one (1) communication type to receive notices (U.S. Mail or Email) and provide the applicable information based on the notification type selected.

Name of Third Party to be Notified (Please Print): _____

Preferred Communication Type: Mail Email

Address: _____

City: _____ State: _____ Zip: _____

Email (to receive email notifications): _____

Third Party Signature: _____ Date: _____

To Be Completed by Customer

Customer Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number from your bill:

Eversource Customers, please list your account number (11 digits): 5 1 _____

UI Customers, please list your POD ID# (13 digits): _____

Customer Signature: _____ Date: _____

Note: Constellation will send notices required by law or administrative rules to the designated third party. Constellation cannot guarantee that any such notice will be received by the third party.

Mailing Address:
Constellation Customer Care
PO Box 4911
Houston, TX 77210-4911

Email: home@constellation.com

Fax Number: 906-315-1060

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