



This Third Party Notification Form is designed to assist customers who are elderly, disabled, homebound, on life sustaining equipment, have an extended illness or may otherwise need to designate a third party to remind them of overdue utility bills that may result in disconnection of service. This Form may also be used in a landlord/tenant relationship, where the landlord wishes to be notified of a pending disconnection and also wishes to obtain information regarding the possible disconnection of service to the tenant for non-payment and the tenant agrees to such notification.

By filling out this Form, the undersigned customer authorizes NIPSCO to send to the designated third party a copy of any disconnection notice that has been sent to the customer. The customer further authorizes NIPSCO to disclose, upon request of the designated third party, the status of the disconnection and whether payment has been tendered. This Third Party Notification Form does not authorize NIPSCO to send notice in situations where service is shut off at the customer's request.

The undersigned customer understands that by authorizing NIPSCO to send a notice of disconnection to the designated third party, the customer is not gaining any additional notice rights with regard to disconnection and that nothing in this Form should be construed to imply any delay or cancellation with regard to the disconnection of gas and/or electric service, as a result of non-payment for utility service.

I hereby authorize NIPSCO to provide the account information described above to the Third Party designated below:

Name of Designated Third Party _____

Relationship of Designated Third Party to customer _____

Address of designated Third Party _____

City _____ State _____ Zip Code _____

Telephone Number of Third Party Designee _____

Customer's Name (as it appears on NIPSCO bill) _____

NIPSCO Account Number _____

Address where service is provided _____

City _____ State _____ Zip Code _____

Customer Telephone Number _____

Customer Signature _____ Date _____

I, as the Third Party Designee for the above stated customer, understand that the execution of this Form does not imply any further liability by NIPSCO beyond the mailing of the "Notice of Disconnection" for such person. I, further understand, that NIPSCO will provide me with the "Notice of Disconnection" only if the disconnection is the result of non-payment and that this Form does not entitle me to notification if the account holder revokes this Third Party Notification Form.

Please NOTE, if your service is transferred to another location, authorization will remain in effect unless terminated by you or your Third Party Designee.

Third Party Designee's Signature _____ Date _____

Fax Completed Form to NIPSCO 1-866-248-7296