



Third Party Notification Form

All required fields (*) must be completed and printed legibly for this Third Party to be added to your account. All Customers who agree to be financially responsible for said account AND a designated "Third Party" must sign this form to activate this service authorization.

The "Third Party" is not obligated to pay the customer's bill.

The "Third Party" will receive a copy of all delinquent notifications Avista sends regarding a past due balance owed on said account.

For accounts located in Oregon, a copy of the bill will be sent monthly in addition to delinquent notifications.

This authorization will remain in effect for all services provided to the indicated address until notification of a change is received by Avista.

Main Customer*

First Name*	Last Name*	M.I.
Telephone*	Address*	
City*	State*	Zip*

Main Customer signature* _____ Date* _____

Co-tenant*

First Name*	Last Name*	M.I.
Telephone*		

Co-tenant signature* _____ Date* _____

Third Party*

First Name*	Last Name*	M.I.
Telephone*	Address*	
City*	State*	Zip*

Third Party signature* _____ Date* _____

We understand that situations can occur that may interfere with your ability to pay your bill. If you foresee problems with paying your bill by the due date, please contact Avista Customer Service to discuss possible options.

Fax completed forms to 509-777-9506, or call us at 1-800-227-9187. Visit our website at myavista.com.