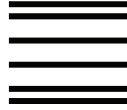


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 427 BISMARCK ND

GREAT PLAINS NATURAL GAS CO  
MONTANA-DAKOTA UTILITIES CO  
ATTN: CREDIT DEPARTMENT  
PO BOX 5603  
BISMARCK ND 58506-9904



 **GREAT PLAINS**  
NATURAL GAS CO.  
A Division of Montana-Dakota Utilities Co.  
*In the Community to Serve®*

# THIRD PARTY NOTICE



***Are you responsible for  
someone you care about?***

**You can protect them from service  
disconnection by signing up for our  
Third Party Notice program.**

The program lets any customer designate a relative,  
friend, church or community agency, to receive  
notification before service is cut off for non-payment.

 **GREAT PLAINS**  
NATURAL GAS CO.  
A Division of Montana-Dakota Utilities Co.  
*In the Community to Serve®*



# WHAT IS A THIRD PARTY NOTICE?

Great Plains Natural Gas Co. (Great Plains) has a program available called "Third Party Notice." The purpose of the program is to help avoid any hardship which could result from disconnection of service by alerting a third party to such action in advance. This voluntary program would most benefit customers who are ill or elderly and live alone.

Under the "Third Party Notice" program, if it would be necessary to disconnect service due to nonpayment of past due bills, **the customer as well as the designated third party would be notified prior to the disconnect date.** A third party can be a friend, relative, church or any community agency.

The designated third party will have the right to receive and provide information regarding the customer's personal circumstances. **Please talk with this third party before you tell Great Plains this person will help you.** The third party **will not** be responsible for payment of the customer's bill.

If your personal circumstances require that a third party be aware of a potential disconnection of your utility service, please complete and detach the form provided and return it to Great Plains as soon as possible. If you know of someone who might benefit from third party notification, please let them know of it. As individual circumstances frequently may change, Third Party Notices are valid for one year only, and an annual renewal is required. Please complete the form and return it to Great Plains—even if you have done so before.

For information of public agencies and community organizations which may be able to assist in payment of winter utility bills, please call **1-877-267-4764** or write to Great Plains at PO Box 5603, Bismarck, ND 58506-5603.

## REQUEST FOR A THIRD PARTY NOTIFICATION

(To be valid for one year only and annual renewal is required. Please print as you fill out the form.)

**Customer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Account Number from Bill:** \_\_\_\_\_

1. Is any member of your household 65 years of age or older? Yes  No
2. Do you have an emergency medical problem in your household? Yes  No
3. Is any member of your household physically handicapped? Yes  No
4. Is any member using a life sustaining appliance such as APNEA monitor or oxygen supplementer? Yes  No
5. Do you desire that the area social service office or other appropriate financial assistance agency be notified in the event of a proposed disconnect? Yes  No   
**You will also need to contact your local county social service office.**
6. Do you desire that some other third party be contacted in the event of disconnect? Yes  No

Great Plains Natural Gas Co. has my permission to provide information to and accept information from the party named below.

**Name of Third Party to be Notified** (Please provide only one name): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

If you are having difficulty paying your utility bill, please call the telephone number found on your utility bill or write to Great Plains at PO Box 5603, Bismarck, ND 58506-5603 so that we can work with you.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete all information, detach form, seal or tape postage-paid card, and mail to Great Plains as soon as possible.