



TOWN OF RIVER BEND
45 Shoreline Drive, River Bend, NC 28562-8970
Phone (252)638-3540 Fax (252)638-2580
waterresources@riverbendnc.org
www.riverbendnc.org

THIRD PARTY NOTIFICATION APPLICATION

Account # _____

Service Address _____

Third Party Name _____ SSN Last 4 Digits _____

Third Party Mailing Address _____

Third Party Phone _____
(Home) (Cell) (Work)

Third Party Relationship _____ Relative _____ Property Manager _____ Other _____

_____ (Description)

As the owner of the above-referenced property, I hereby authorize mailing of duplicate bills and delinquency notices to this third party. I also permit disclosure of the following information to the third party (drawn a line through and initial any types of disclosure which are denied):

Amounts due or paid on this account
Services that are billed on this account
Consumption

This authorization for utility account disclosure shall be in effect until rescinded by the property owner. I understand that I may revoke this consent at any time by providing written notification to the Water Resources Department. Such revocation will become effective upon receipt of an email or written notice to the Water Resources Department, 45 Shoreline Drive, River Bend, NC 28562.

Signature

Date

Print Name

Title