



La Plata Electric Association, Inc.

A Touchstone Energy® Cooperative 

P.O. Box 2750 Durango, CO 81302-2750
Phone: (970) 247-5786 • Fax (970) 247-2674
www.lpea.coop

THIRD PARTY NOTIFICATION

The attached Third Party Notification must be filled out correctly and with the appropriate signatures.

Both customer information and signature, along with third party information and signature must be completed. The third party notification will not be initiated if any part of the form is incomplete or considered to be fraudulent.

The third party will receive notification if account becomes subject to disconnect. Disconnect can occur any time 10 days after the date on the notice. Beyond this notification, the account holders information and privacy will be protected. No other information will be given out concerning the account status.

If the account status changes, a new form and signatures will be required to continue notification.



La Plata Electric Association, Inc.

A Touchstone Energy® Cooperative 

P.O. Box 2750 Durango, CO 81302-2750
Phone: (970) 247-5786 • Fax (970) 247-2674
www.lpea.coop

THIRD PARTY NOTIFICATION

This refers to instances where another person, the “third party” is to be notified before a consumers electric service is disconnected for nonpayment.

An example would be a LPEA customer who might be elderly, ill, or handicapped, whose son, daughter, or a close friend would wish to be notified if the account becomes subject to possible disconnect. Also, in certain contractual circumstances where a landlord might require “third party” notification.

If you wish to have a third party notified, fill out the following information and sign this form. Please return the form to La Plata Electric Association’s Durango office.

Account # _____

Name of LPEA Customer: _____

Service Address _____

Address of Customer _____ Unit # _____

City _____ State _____ Zip _____

Telephone Number _____

Signature of LPEA Customer _____

Third Party to be notified in the event of Possible Discontinuance of Service

Name of Third Party _____ CC# _____

Address of Third Party _____

City _____ State _____ Zip _____

Telephone Number _____

Relationship to customer _____

Signature of “Third Party” _____

Date _____