

THIRD PARTY NOTIFICATION REQUEST FORM

Prince George Electric Cooperative
Attention: Member Services Department
PO Box 620
Waverly, Va. 23890

_____ Yes, I am interested in the cooperative's Third Party Notification Program.

Name _____

Address _____

City, State, Zip _____

Telephone Number (_____) _____

Account Number _____

Member's Signature _____

Third Party to be Notified

Name _____

Address _____

City, State, Zip _____

Telephone Number (_____) _____