



Public Service
 10770 West Oakland Park Blvd, Sunrise, FL 33351
 Phone: 954.746.3232 Fax: 954.572.2479 Email: customerservice@sunrisefl.gov

REQUEST FOR THIRD PARTY NOTIFICATION

Third party notification means that the City of Sunrise will mail a copy of each monthly utility statement to the customer and billing address on the account, as well as to another name and address selected by the customer.

UTILITY ACCOUNT INFORMATION

ACCOUNT NUMBER _____

CUSTOMER NAME _____

SERVICE ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

BILL DELIVERY PREFERENCE _____ Print _____ Email (Please check ONE)

THIRD PARTY INFORMATION

3rd PARTY NAME _____

3rd PARTY TYPE _____ RENTER _____ RELATIVE _____ OTHER (Please check ONE)

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

BILL DELIVERY PREFERENCE _____ Print _____ Email (Please check ONE)

Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, and benefit processing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

Please initial _____

I hereby request that the City of Sunrise add third party billing to my utility account, as indicated above. I acknowledge that the City will send a copy of the monthly utility statements to the third party until I request discontinuance of the third party notification. I further understand that I am responsible for notifying the City of Sunrise of any changes to the third party information, as well as removing any recurring autopayment or EFT information from the utility account.

ACCOUNTHOLDER SIGNATURE _____ DATE _____