



**CITY OF LONGMONT
THIRD PARTY NOTIFICATION FORM**

This authorizes the City of Longmont to mail a duplicate copy of all Notices of Service to the Third Party below:

Date: _____

Your Name

The Legacy Apartments
Name of Third Party

Your Service Address

2727 Nelson Road
Street Address

Your Account Number

Longmont, Colorado, 80503
City, State, Zip Code

Your Telephone Number

Landlord
Relationship to Customer

**E-Mail address _____

**E-Mail address _____

Customer Signature

Third Party Signature

(This does not obligate Third Party to pay Customer's utility bill nor does it prevent service from being discontinued if the account is not paid).

***** Please provide a copy of driver's license for identity verification *****