#### LET'S CONNECT

For updates, alerts and our exclusive weekly content, follow us on our social media sites.

Scan the QR codes with a mobile device and go to our social media channels or visit our website for links to each of our pages, www.intgas.com.



















www.intgas.com Online Account Services



### **CUSTOMER SERVICE**

Monday-Friday 7:30 a.m. - 6:30 p.m.

Boise/Treasure Valley 208-377-6840

All Other Areas 800-548-3679

#### **MAILING ADDRESS:**

Intermountain Gas Co. **Attn: Customer Support** P.O. Box 7608 Boise, ID 83707-1608





## THIRD-PARTY **NOTIFICATION**



### Protect those in your care from service disconnection.

Intermountain Gas Company Third-Party Notification enrollment is easy. Please fill out the form on the inside of this brochure and mail to the address indicated.







# THIRD-PARTY NOTIFICATION

This service is offered to Intermountain Gas customers who are at risk of losing their gas service due to nonpayment of past-due bills or service related situations.

# Third-Party Notification is designed to help

- Elderly customers
- Infirm customers
- Customers with language or reading challenges
- Any customer in need of assistance

Intermountain Gas will attempt to contact a designated third party (friend, relative, clergyman, social agency, bank, etc.) in writing or by telephone before discontinuing residential service. The third party is under no obligation to pay the overdue bills.

If you know of someone who might benefit from this service or if you have any questions about Third-Party Notification, please call us or send us an email

To sign up for this service, fill out the attached form and return it with your next gas bill payment or mail separately to:

> Intermountain Gas Company Attn: Customer Support P.O. Box 7608 Boise, ID 83707-1608

### BE SURE BOTH PARTIES INVOLVED SIGN THE FORM.

Si le gustaría recibir esta información en Español, favor de llamar la Compañía de Gas Intermountain.

# REQUEST FOR THIRD-PARTY NOTIFICATION

CUSTOMER'S NAME (P	LEASE PRINT)	
ACCOUNT NUMBER		
ADDRESS		
CITY, STATE, ZIP		
HOME PHONE	CELL PHONE	
EMAIL		
SIGNATURE (REQUIRE	(D)	
THIRD-PARTY NAME (P	LEASE PRINT)	
ADDRESS		
CITY, STATE, ZIP		
HOME PHONE	MOBILE PHONE	
EMAIL		
SIGNATURE (REQUIRE	ED)	





