



Make Sure Someone is Watching Over You

Select a third party of your choice

If for any reason you are unable to respond to a notice that your heating fuel deliveries might be terminated because of unpaid bills, our firm provides a way to make sure that someone else — a “third party” — will also be notified. This voluntary program is particularly helpful to those who are ill or elderly and live alone. It helps prevent unnecessary termination of deliveries.

Choose a friend, relative, church group, community organization or a social services agency for us to notify. We will inform the “third party” that your heating fuel deliveries might be terminated.

The “third party” that you select will not be responsible in any way for your bill. You should choose someone who will get in touch with you after receiving the notice. This will enable the "third party" to help you resolve the problem.

If you wish to take advantage of this service, complete this form and return it with your bill payment. Before you return the form to us, the person or organization you name to be notified must also sign it. This shows only that

If you wish to take advantage of this service, complete this form and return it with your bill payment. Before you return the form to us, the person or organization you name to be notified must also sign it. This shows only that the "third party" is willing to receive a copy of the notice.

If you are having difficulty paying your fuel bill and are having fuel-related emergencies, you may be eligible for a local fuel assistance program. For more information contact your local Department of Social Services.

Return completed form to: KoscoHeritage - 625 Sawkill Rd, Kingston, NY 12401

I request that any notice that my heating fuel deliveries may be terminated because of unpaid bills should also be given to the “third party” specified below who has agreed by signature to receive the notice for information purposes only.

		Name of person or organization to be notified	
_____	_____	_____	_____
Your name		Name	(please print)
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
City, State, Zip		City, State, Zip	
_____	_____	_____	_____
Telephone		Phone	
_____	_____	I (we) agree to receive any Notice of Termination for information purposes only, without obligation to pay any amounts owed.	
Account Number		_____	_____
_____	_____	Signature	
Date			
_____	_____		
Signature			