

Third Party Authorization Form

Please note: A separate form will be needed for each SRP service address, as well as for each individual or company authorized. Only the Customer of Record and spouse's name (if listed on the account) will appear on requested documents.

SRP's Customer of Record Information (name as it appears on bill):

Customer Name: _____ SRP Account Number: _____
Service Address: _____
Phone Number: () _____ Email address: _____

Authorized Party Type: Individual [] Company []

Authorized Party Name: _____
Authorized Party Mailing Address: _____
City: _____ State: _____ Zip: _____
Authorized Party Email Address: _____

Sharing Ability: Add [] Remove []

*I, SRP's Customer of Record, authorize SRP to release account information to, and accept account changes from, the authorized individual or company listed on this form. This includes: receiving limited billing, payment, outage and usage information, enrolling or cancelling account programs, changing the price plan or mailing address, and/or requesting a payment arrangement or extension. This authorization will remain in effect until I close this SRP account or cancel this authorization. **In addition, this authorization does not include starting a new service in, or transferring an existing service into, my name.***

Signature of SRP's Customer of Record (required)

Date (required)

Please return the completed and signed form to:
SRP Customer Communications Services – PAB277
P.O. Box 52025, Phoenix, AZ 85072-2025
Fax No.: (602) 236-2442
Email: help@srpnet.com