



Third Party Authorization Form

(For Residential Accounts Only)

Date: _____

Re: Third Party Authorization

I, _____, hereby authorize the following individuals on

Account # _____.

Contact Phone Number: _____ - _____ - _____

Name	Social Security No.	Relationship	Phone Number

The abovementioned names have the authorization on the abovementioned account number to obtain information and request services related to Hawaii Gas.

X _____

Signature of Account Holder

_____ - _____ - _____

Account Holder's SSN

Mail to:

Hawaii Gas
Customer Service – Call Center
P.O. Box 3000
Honolulu, HI 96802
Phone: 808-535-5933 Option #1
Fax: 808-594-5522