

Notification Preference Form

Please complete the fields below, and select your preferred communication method to receive notifications about your Constellation account.

You can change your preference at any time. Please note all Connecticut customers will automatically receive account-related notifications via U.S. Mail.

Customer Name (Please Print):		
Address:		
City:	State:	Zip:
Account Number from your bill:		
CLP Customers, please list your account number (1	11 digits): _51	
☐ UI Customers, please list your POD ID# (13 digits):		
In addition to notifications sent via U.S. Mail, please send	account-related communicatio	ns to me via:
☐ Email		
☐ Third Party Notification		
Name of Third Party to be Notified (Please Print): _		
If you opt to have a Third Party receive notifications abo Form found here: www.constellation.com/documents/o		_
Customer Signature:		Date:

Mailing Address:

Constellation Customer Care PO Box 177 Annapolis Junction, MD 20701 **Email:** questions@constellation.com

Fax Number: 800-785-4374

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