

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

OWNER/MANAGING	AGENCY INFORM	ATION	Office Use	Only	
Name:			Accoun	t #:	
				n #:	
Address 1:			RT #	SEQ#	<u> </u>
Address 2:				tered: by:	
City:	State:	Zip:	Phone:		
Email:					
I hereby authorize Dea and address below beginners.	nning on				person (s)
RENTER INFORMAT	<u>10N</u>				
Renter / Co-Renter Name	e:				
Address:		City:	State:	Zip:	
Renter Phone:		Email: _			
Co-Renter Phone:		Email: _			
I understand that under the disconnection of the serve corporation's tariff.					
I understand that if I requerental property, which the before of the scheduled shu	corporation will provide				
I also understand that as a that this account balance i service has been disconnect	s maintained in accordar	nce with the Tariff	section E 10 E and	l E 18 of the corpor	ation. If the
Owner/Agent Signature			Date		
Office Use Only					
	ame Final Read	Rt # Meter Ser	e Seq # ial/EID #	Meter Size Brass	