INTERCOUNTY ELECTRIC COOPERATIVE

PO BOX 209/102 Maple Avenue, Licking, MO 65542 Phone: 866-621-3679

LANDLORD RENTAL AGREEMENT FOR ELECTRIC SERVICE

ATTENTION: Please have the landlord complete this form and return.

This form is required and must be completed *IN FULL* before service can be connected in the renter's name.

Landlord

I/ We as Owner / Owner's Agent of the property located at

_____ _____
Street Address City State Zip Meter Pole (Map Location) Number

confirm that the previous tenant/tenants (not the landowner) _____
Name

are no longer living at the above location & all adults living at this location now are listed below. On this date_____, the tenant listed below is renting/leasing above mentioned property. **This form must be submitted within 21 days to be considered valid.**

_____and/or_____
Name of Tenant/Member Spouse

_____ _____

Other Individuals over 18 living in the residence

_____ _____

I/We as Owner/Owner's Agent attest that the information on this application is accurate and true to the best of my knowledge.

_____ _____ _____
Landlord/Owner's Printed Name (or rental agency) Home Telephone Number Work or Cell Phone Number

X _____ _____ _____
Signature of Landlord / Owner / Property Manager **Date** Email

Disconnect Notice Approval

☐ *Notify landlord via email when service disconnect order is generated.*

_____
Landlord's Email Address

In order to ensure continuous availability of utilities, some property owners and rental agents require notification that a tenant is discontinuing service as a condition of rental. By initialing, I agree that my landlord or his agent may be automatically notified via email when a disconnection notice is generated by IECA.

X_____ _____
Initials of Tenant Date

Renter

Tenant's Phone Numbers: *Cell:*_____ *Home:*_____ *Work:*_____

X_____ _____
Tenant / Renter / Leasee Signature Social Security Number

X_____ _____
Tenant / Other Signature Social Security Number