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 before service can be connected in the renter's name.

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 _____

Name

are no longer living at the above location and that all adults living at this location now are listed below.

On this date_____, the tenant listed below is renting/leasing above mentioned property.

_____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 Home Telephone Number Work or Cell Phone Number

X _____ _____ _____

Signature of Landlord / Owner **Date** Email

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

X_____ _____

Tenant / Renter / Leasee Signature Social Security Number

X_____ _____

Tenant / Other Signature Social Security Number

Office Use Only

Intercounty Representative	*Applicant Payment History*	*Date Service Requested*