

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 (not the landowner) _____

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.

Name of Tenant/Member and/or 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

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

X _____
Tenant / Renter / Lessee Signature Social Security Number

X _____
Tenant / Other Signature Social Security Number

Office Use Only

Intercounty Representative	Applicant Payment History	Date Service Requested