

# Intercounty Electric Cooperative Association

PO Box 209/102 Maple Avenue, Licking MO 65542

Phone: 866-621-3679 Fax: 573-674-2888

## *Landlord Automatic Reconnect Request Form*

I/We as the Owner/Owner's Agent of the following properties, request that Intercounty Electric Cooperative Association (IECA) *ALWAYS* automatically reconnect the meter into my name. I/We understand that if the meter at the listed location(s) is disconnected for non-pay, the meter will *NOT* transfer automatically into my/our name. Once the tenant is gone, I/We will contact IECA and request the meter to be connected in my/our name and as long as the *Landlord Automatic Reconnect Form* is on file, no reconnect fee will be applied.

Name(s) as it appears on Account: \_\_\_\_\_

Membership or CIN number: \_\_\_\_\_

The following are service addresses and map locations that I/We own and request to have automatically transferred into the account name listed above *WHEN* the current tenant(s) request a service disconnect:

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

Map Location: \_\_\_\_\_

Property Service Address: \_\_\_\_\_

I/We attest that the information on this request form is accurate and true to the best of my knowledge. It is understood that if I cease to own any of the above listed properties, I will notify IECA of the change so that the automatic transfer may be stopped.

\_\_\_\_\_  
Owner's Name Printed

\_\_\_\_\_  
Agent's or Agency Name Printed

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Agent's Signature

Best Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Effective Date of request: \_\_\_\_\_

This form may be submitted via fax, mail or dropped off at your local office.

IECA entered initials \_\_\_\_\_