

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.

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.**

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

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

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

X _____
Tenant / Renter / Leasee Signature Social Security Number

X _____
Tenant / Other Signature Social Security Number

Landlord

Disconnect Notice Approval

Renter