



A U T O M A T I C L A N D L O R D A G R E E M E N T

Owner's Name: _____ Phone Number: () _____

Mailing Address : _____

Authorized Agent's Name: _____ Phone Number: () _____

Contact Person: _____ Phone Number: () _____

Structure Type _____ Email Address: _____

Service Address: _____

The space number, apartment number, unit number, meter number are listed on the reverse side of this agreement. The landlord is responsible for verification of this information.

A G R E E M E N T

This agreement between the landlord or authorized agent and Municipal Light and Power provides automatic continuance of service in the landlord or authorized agent's name. Electric service and billing will be automatically continued in the landlord or authorized agent's name under the following conditions:

Office hours

7:30 a.m. – 5:30 p.m.

Monday
Through
Friday

Toll Free
888-999-5340

1. **Tenant's requested disconnect**
2. **Tenant's disconnect by ML&P for non-payment of services**

Electric service will remain in the landlord's name until a tenant applies for service or the landlord submits a written request to cancel the Landlord Agreement in its entirety. **Cancellation of the agreement by the landlord or designee must be in writing and submitted to ML&P thirty (30) days in advance.**

Electrical service and billing will automatically change from the landlord or authorized agent's name to the tenant's name upon the tenant's request and completion of the ML&P Application for Service.

If a landlord or authorized agent's account becomes delinquent and all charges due have not been paid prior to the scheduled disconnect, this agreement may be canceled.

This agreement is provided in accordance with ML&P's effective tariff and all parties shall abide by the terms and conditions therein.

I have read, understand and agree to the terms of this agreement. I also acknowledge that I will be responsible for payment of services rendered under this agreement until ML&P disconnects my service and cancels my agreement. **Cancellation by signature shall be in writing, thirty (30) days in advance.**

Customer Service
Phone Number
907-263-5340
Customer Service
Fax 907-277-9272

Landlord or Authorized Agent's Signature **Date**
 * * **F O R O F F I C E U S E O N L Y** * *

LANDLORD AGREEMENT SET-UP Master No: _____ Total Connect Fee: _____

Effective Date: _____ Agreement No.: _____ Deposit Amount: _____

Service Representative's Name: _____

LANDLORD AGREEMENT CANCELLATION Date Canceled: _____

Date Cancellation Request Received: _____

Reason for Cancellation: _____

Service Representative's Name: _____