



Landlord Utility Service Authorization Form

128 S Main St.
PO Box 445
Condon, OR 97823
Ph (541)384-2711
Fax (541)384-2700

www.cityofcondon@jncable.com

Property Owner Name: _____

Mailing Address: _____

Home #: _____ Cell #: _____

Drivers License #: _____ State: _____

Address Account#

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I hereby give the City of Condon permission to put utility service for my rental property (or properties) listed above in my name when a tenant moves out, so there is no interruption of service providing a deposit is in my name on said account. I am the owner of the rental property (or properties) listed above and I agree to pay for such service and comply with all rules and regulations of the City of Condon. The account will remain in my name until a new tenant signs up for the service or I notify you in writing that I will no longer be responsible for this address.

Property Owner Signature: _____ Date: _____

Comments