



Landlord Utility Service Authorization Form

128 S Main St.

PO Box 445

Condon, OR 97823

Ph (541) 384-2711

Fax (541) 384-2700

E-mail: admin@cityofcondon.com

Property Owner Name: _____

Mailing Address: _____

Home #: _____ Cell #: _____

Driver's License #: _____ State: _____

E-mail: _____

	<u>Address</u>	<u>Account#</u>
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	
-----------------	--