LANDLORD’S REQUEST FOR AUTOMATIC DISCONNECTION OR CONTINUATION OF SERVICE WHEN TENANT LEAVES

I authorize GREEN MOUNTAIN POWER CORPORATION to apply the selected option below automatically when my tenant calls to cancel their service or my tenant’s service is disconnected for non-payment. I understand that this request means that GMP does not manage my properties and will not notify me prior to carrying out these instructions. I understand that if I should choose an option that indicates power should be turned off at any time of the year Green Mountain Power will not be liable for any damage which may result in such disconnection of power.

This agreement will remain in effect until cancellation of this request is provided in writing or verbally by GMP or me or if GMP is advised of a change in ownership.

Please check only one of the options below:

_____1. Leave the power on ANYTIME, WINTER OR SUMMER, when a tenant contacts Green Mountain Power to cancel their electrical service or if a tenant should have their service disconnected for non-payment. I understand the power will be transferred into my name and a $20.00 service charge will appear on my first bill. OR

_____2 Leave the power on ANYTIME, WINTER OR SUMMER, ONLY when a tenant contacts Green Mountain Power to cancel their electrical service. I understand the power will be transferred into my name and a $20.00 service charge will appear on my first bill. (I understand that if a tenant should have their service disconnected for non-payment the power will be shut off.) OR

_____3. Leave the power on ONLY IN THE WINTER MONTHS, from NOVEMBER 1ST TO MARCH 31ST when a tenant contacts Green Mountain Power to cancel their electrical service or if a tenant should have their service disconnected for non-payment. I understand the power will be transferred into my name only during those months and a $20.00 service charge will appear on my first bill. (I understand that from April 1st to October 31st if a tenant contacts your office to cancel their service or if a tenant should have their service disconnected for non-payment the power will be shut off.) OR

_____4. Leave the power on ONLY IN THE WINTER MONTHS, from NOVEMBER 1ST TO MARCH 31ST ONLY when a tenant contacts Green Mountain Power to cancel their electrical service. I understand the power will be transferred into my name only during those months and a $20.00 service charge will appear on my first bill. (I understand that from April 1st to October 31st if a tenant contacts your office to cancel their service the power will be shut off or if a tenant should have their service disconnected for non-payment the power will be shut off. ) OR

_____5. Disconnect the power ANYTIME, WINTER OR SUMMER, when a tenant contacts Green Mountain Power to cancel their electrical service or if a tenant should have their service disconnected for non-payment.
Account Name (business name if not person. Please print): __________________________________________

Mailing address: ___________________________________________________________________________

Phone number: ___________________________ Cell number: ________________________________

Email Address: ___________________________________________________________ E-Statements? Y / N

EIN # (If business name) / Last 4 SS#: __________________________

Please fill out a separate form for each street address. You may include multiple units of a building which have the same street name and number on the same form.

Address of unit(s) (Street name, number & unit #) Please attach additional sheets if necessary

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The above request to have service transferred into your name will be honored provided your credit rating with us remains in good standing.

Please note: If an account should become past due, failure to bring the account current or set up an acceptable payment arrangement within 30 days may result in the termination of the agreement.

Mail back to 163 Acorn Lane Colchester, VT 05446-6611 or fax to 1-802-655-8402 or 1-802-747-2199
Questions call Customer Service 1-888-835-4672. A representative of GMP may contact you if additional information is needed.

Signature __________________________________________ Date __________________________

Printed name of Signature __________________________________________