

SERVICE AUTHORIZATION BETWEEN TENANTS

Effective _____, this authorizes NW Natural to leave the gas service on in the name of the
Owner(s) or Financially Responsible Party (Parties) between tenants at:
(For multiple addresses, list each separately on the attached Addendum)

Street Address	City	State	Zip Code
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Owner(s) or Financially Responsible Party (Parties):

_____ (First/M.I./Last or Business Name)	SSN or Tax ID Number: _____
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_____ (First/M.I./Last or Business Name)	SSN or Tax ID Number: _____
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Billing Address:

C/O Property Manager/Authorized Agent (if applicable): _____

Address: _____	_____	_____	_____
Street	City	State	Zip Code

Telephone #s: _____	_____
Owner or Financial Responsible Party's Home or Cell No.	Property Manager's or Agent's Tel. No.

By my signature, I understand and acknowledge that:

- The Owner/Financially Responsible Party is responsible for payment of the natural gas billings incurred at the above address after a tenant moves out and until a new tenant requests billing in their name.
- If the account(s) at the above address becomes past due, NW Natural may take steps in accordance with its collection policy. These steps include discontinuing gas service and shutting off the meter; the Owner/Financially Responsible Party (or Tenant if applicable) will be responsible for reconnection fees.
- In order to cancel this authorization, the Owner/Financially Responsible Party or an Authorized Agent on their behalf must notify NW Natural. The Owner/Financially Responsible Party is also responsible for notifying NW Natural of any change(s) to an Authorized Agent.
- If the above-listed property is sold, it is the responsibility of the Owner/Financially Responsible Party or an Authorized Agent on their behalf to notify NW Natural to cancel this authorization.

OR

Signature of Owner/Financially Responsible Party

Signature of Authorized Agent on Owner's Behalf**

Please retain the **YELLOW** copy for your records and return the **WHITE** copy by mail, fax or email to:

**NW Natural – LBT Desk, 3rd Floor
PO Box 2641
Portland OR 97208-9956**

Fax: (503) 721-2517

EMAIL: lbt@nwnatural.com

**** NOTE:** A power of attorney form, a property management agreement or other appropriate documentation will be required when this form is signed by someone other than the owner or financially responsible party.

Please direct any questions about filling out this form to 1-800-422-4012.