



Landlord Authorization

Landlord/Owner Name _____ Contact Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Current or Previous Tenant	House No.	Street	Apt/Unit	City/Town	Account No.

TERMS AND CONDITIONS

I request that Liberty Utilities (EnergyNorth Natural Gas) Corp. d/b/a Liberty Utilities initiate natural gas service in the name shown above whenever a tenant of one of the locations listed requests that service be disconnected in their name.

I understand that Liberty Utilities:

- Will perform a credit review on my account(s) before enrolling me in the "Leave on for Landlord" program.
- Reserves the right to terminate this agreement if charges for services billed to me are not paid by the due date shown on each bill.
- Is not required to continue service to me whenever my tenant's service is disconnected due to credit related matters.
- Is not required to contact me when tenants request to disconnect service.

This request and my obligation to pay bills in my name shall remain in effect for each of the account numbers/service addresses listed above until I provide Liberty Utilities with a written cancellation notice whenever I wish to cancel all or part of this request or I sell any of the above properties. I understand that any service provided to me is subject to the terms and conditions of Liberty Utilities' tariff on file with the New Hampshire Public Utilities Commission.

I agree that I will not make any claim for refunds on the grounds that I did not authorize service to be put in my name. I understand that I do not waive any rights to question the amount of the charges or usage.

Signature : _____ Date: _____

Print Name: _____

Duly Authorized: _____

Title (Landlord, Owner, Manager): _____

Return this completed form to: Liberty Utilities, PO Box 1380, Londonderry, NH 03053-1380. Fax: 603-386-6280