

*St. Lawrence Gas*  
**Landlord Agreement Application**

This form must be completed to continue natural gas service when a tenant at the listed locations requests that service be disconnected.

Landlord's Name: _____	Email Address: _____
Mailing Address: _____	Home Phone: _____
_____	Work Phone: _____
_____	
_____	
Contact Person: _____	Contact Home Phone: _____
	Contact Work Phone: _____

**Rental Properties**

Street Address / Unit No.	City / Town	Service Plan

**Service Plans:**

- 'A' Leave on ALL YEAR (January 1 through December 31)
- 'S' Leave on in SUMMER ONLY (June 1 through September 30)
- 'W' Leave on in WINTER ONLY (October 1 through May 31)

I request that St. Lawrence Gas put gas service in my name, subject to the service plan that I have chosen, when every my tenant(s) request that service be shut off. I understand that:

1. to qualify, my gas bills must have been paid on time each month, and
2. this agreement will be ended by St. Lawrence Gas if future bills are not paid on time each month, and
3. for my protection, if my tenant's gas service is to be terminated for non-payment during winter months, and St. Lawrence Gas cannot reach me by phone prior to termination, service will be switched to my name and I will be notified by mail, and
4. this agreement can only be changed or cancelled in writing by me, the landlord, and
5. once gas service is transferred, it will remain in my name until I or a new tenant contacts St. Lawrence Gas.

Date	Signature	Title
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