Aquila

Aquila Fulfillment Group
10700 E. Hwy 350
P.O. Box 11739
Kansas City, MO 64138
Fax: 1-800-449-0366
Phone: 1-800-303-0752

LANDLORD AUTHORIZATION TO REVERT SERVICE

PLEASE PRINT IN INK OR TYPE *ALL* OF THE FOLLOWING INFORMATION. IF YOU NEED ADDITIONAL SPACE, MAKE EXTRA COPIES OF THIS FORM OR ATTACH A SEPARATE SHEET.

NAME THAT SERVICE WOULD REVERT TO

Revert Account Name (Business, Complex, Management Company or Individual)				☐ Social Security # or ☐ Fed ID #
Mailing Address	City	State	Zip	Telephone

OWNER / MANAGER / CO-OWNER INFORMATION

Last Name	First Name	Middle Initial	Social Security #
Home Address City	State	Zip	Home Telephone
Business Address City	State	Zip	Work Telephone

Last Name	First Name	Middle Initial	Social Security #
Home Address City	State	Zip	Home Telephone
Business Address City	State	Zip	Work Telephone

When the service address(es) listed below are vacated by the tenant, or when service to the tenant is otherwise disconnected, I/we, as owner(s)/manager of such property(ies), authorize Aquila to continue service in my/our name as indicated below.

REVERT OPTION: *WINTER ONLY (Oct. 1 – Mar. 31)* ☐ *ALL MONTHS* ☐ *AT NO TIME* ☐

BILL PRINT OPTION: *ITEMIZED BILL* ☐ *SEPARATE BILL PER PREMISES* ☐

	Street Address	Apt No.	City	State	Zip
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

X_____ **X**_____

Owner's Signature **Date** **Co-Owner's Signature** **Date**

CONTACT US IF ANY OF THESE PROPERTIES ARE SOLD. THEY WILL REVERT TO YOUR NAME UNTIL WE ARE NOTIFIED. (Rev.08-05)