



## REVERT TO LANDLORD AGREEMENT

APPLICANT (all fields required)			
When a property is owned by a corporation or LLC, an associated natural person must be listed in this section.			
OWNER OR SHAREHOLDER NATURAL NAME			
CORPORATION, LLC, OR ORGANIZATION (if applicable)			LANDLORD LICENSE #
OWNER ADDRESS (cannot be PO Box or commercial mailing service)		CITY	STATE
			ZIP
COUNTY	MOBILE PHONE	EMAIL	

AGENT/CONTACT (if different from owner)			
A local agent or contact is <u>required</u> if the applicant lives further than 60 miles driving distance from the property.			
NAME OF AGENT/CONTACT			LANDLORD LICENSE #
ADDRESS (cannot be PO Box or commercial mailing service)		CITY	STATE
			ZIP
COUNTY	MOBILE PHONE	EMAIL	

PROPERTY LISTING
Request to automatically revert City utilities at the following addresses upon discontinuation of services by the tenant:

APPLICANT AFFIRMATION
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I affirm by my signature below that I am requesting all utilities with the City of Independence at the above listed properties revert back to the owner in the event that the tenants contact the City to disconnect services. I acknowledge that a fee will be charged each time services are reverted back in my name. I agree that all correspondence sent from the City of Independence will be mailed to the appointed agent/contact person as listed in the section above. This request will stay in effect until canceled in writing.

I acknowledge that any changes to the names, addresses, and other information concerning the persons on this application must be provided in writing to the City of Independence within ten days.

OWNER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT/CONTACT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_