

LANDLORD AUTHORIZATION

Landlord's Last Name _____
First Name _____

Location of Property or Properties:

House Number and Street

Town or City

Account Number

House Number and Street

Town or City

Account Number

House Number and Street

Town or City

Account Number

House Number and Street

Town or City

Account Number

Please Check One:

- I request that electric service be *shut off* when a tenant vacates the above location(s).

Signature _____
Date

- I request that electric service be *placed in my name* when a tenant vacates the above location(s) in order to prevent discontinuance of service.

Billing Information:

Landlord Name: _____

Address: _____

Daytime Telephone Number: _____

Signature _____
Date

Return this form to:

HINGHAM MUNICIPAL LIGHTING PLANT
222 Central Street
Hingham, MA 02043-2745