



Aquila

LANDLORD AUTHORIZATION TO REVERT SERVICE

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

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)				<input type="checkbox"/> Social Security #	or	<input type="checkbox"/> 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 _____
 Owner's Signature Date

X _____
 Co-Owner's Signature Date