

Premise Vacancy Agreement for Rental Properties

Please provide a list of your rental properties with the complete service address. If you need more space, attach a list to the back of this form.

| Owners Name | | | City/Town | Civic | or Legal Address | |
|---|--|---------------------------------------|---|--|--|--|
| | | | | | | |
| For the rental properties listed, CHOOSE WITH AN you select Option A or B as well. | "X" which option is to | be followe | ed when tenants vacate t | he premises. If you c | hoose the 2 nd Option please ensur | |
| There will be a service fee* added to yo | Power left on and switched to your name There will be a service fee* added to your power bill each time the power is put back in your name. You will be billed under the current rate (customer or demand charge plus energy charge). | | | | | |
| Phone for Instructions (If you select thi Northland Utilities will attempt to reach responsibility to ensure we are provided | you with the contact | informatio | n that has been provided | d below. It is the cont | act person's | |
| A. If Northland Utilities is unable t There will be a service fee* add | | | | our name. | | |
| B. If Northland Utilities is unable t | o make contact, powe | er is to be d | lisconnected. | | | |
| Please note of the following: | | | | | | |
| As per Section 9.1 of our Terms & Condi This agreement is only for when the ten made to notify you that power will be sl It is your responsibility to notify our conditions | ant vacates the preminut off using contact in | ise. If prem nformation | nise is disconnected for a below. This notification | ny other reason, such will be done in order | as non-payment, effort will still b to prevent damage to property. | |
| Return your completed form by fax, email or to our | 481 Yeli Fax | 1 Range Lak lowknife, N α: 867- | | 1 – 66 \ Hay Riv Fax: | and Utilities (NWT) Limited Woodland Dr ver, NT 867-874-6829 northlandutilitiesnwt@atco.ca | |
| Please Print | | | | | | |
| Owners Name: | | | | | | |
| | (Legal busines | s name if a | pplicable) | | | |
| Mailing Address: | | | | | <u></u> | |
| CONTACT PERSON INFORMATION: | | | | | | |
| Contact Person Name: | | | | | | |
| Contact Person Phone #: | Conta | act Person : | 2 nd Phone #: | | | |
| Email Address: | | | | | | |
| Printed Name | Signature | | | Date | | |
| *Coming food subject to about a board | . D. L.P. LUCPUL - D | | , | | | |

'Service fees subject to change based on Public Utilities Board approval*