

2135 S. Ammon Rd Ammon, ID 83406 Phone: 208-612-4000

Fax: 208-612-4009

## LANDLORD UTILITY AGREEMENT

OWNER INFORMATION	
Owner Name:	
Owner Name:	
Owner Address, City, State, Zip:	
Owner Phone Number: E	Email:
Co-Owner Name:	
Co-Owner Address, City, State, Zip:	
Co-Owner Phone Number: En	nail:
PROPERTY II	NFORMATION
Please list all of the properties in the City of Ammon that you curre	ently own.
Service Address	Date of Purchase

I AGREE THAT IT WILL BE MY RESPONSIBILITY TO NOTIFY THE CITY OF AMMON WHEN AN ACCOUNT IS TO BE CHANGED FROM MY NAME TO A TENANT. As owner or manager of the property(ies) listed, I hereby authorize the City of Ammon to place the account(s) in my name during times of vacancy or at all other times when a tenant's name has not been provided.

I agree to pay for all utilities provided to the property(ies) listed on this agreement while in my name. In the event of the service being disconnected for nonpayment while the service is in my name, all of my delinquent amounts are to be paid plus any disconnect/reconnect fees based on services offered. Failure to comply will result in the immediate cancellation of this agreement. I further grant the City upon such delinquency to refer this account to a collection agency.

Different services are provided at different addresses. If services are disconnected due to nonpayment the following fees shall apply:

- Water/Sewer service \$150 disconnect/reconnect fee will be charged. Water will be turned back on when the account is paid in full.
- Sanitation service \$50 charge will be added and the garbage can will be removed. Garbage can will be returned when the account is paid in full.
- Fiber service- \$45 disconnect/reconnect fee will be charged. Services will be restored when the account is paid in full.

**Yes.** By checking Yes, I authorize the City of Ammon to disconnect the utilities of my tenant(s) if the City deems it necessary. I agree that I will not hold the City of Ammon liable for any damages incurred should the City of Ammon need to discontinue services. The City of Ammon will not notify me of the disconnection. The tenant will be required to pay in full to have services reconnected.

**No.** By checking No, I do not authorize the City of Ammon to disconnect services if collections begin for my tenant(s), and as a result, place the account(s) in my name. I understand that I will then be responsible for all future billings related to this account(s) even if tenant still occupies the rental property. My responsibility will begin on the date of any scheduled disconnect. The City will mail notification to me of the change of account responsibility on said date. Any failure to receive such notice does not alleviate my payment obligations.

## **Property Manager Information**

As the owner of the above listed properties I hereby designate the following Property Manager to perform the functions of Landlord, including but not limited to change of tenants. I also grant the City authority to disclose all information regarding the account and billing/delinquency status to the property manager.

Property Management Company Name:

Property Management Company Name:	
Contact Name:	Contact Number:
Property Manager Address, City, State Zip:	
Email Address:	
This agreement must be signed by the property	owner.
I AGREE TO NOTIFY THE CITY OF AMMON, IN W	/RITING, ANY REQUEST OF CHANGE TO THIS AGREEMENT.
Signature	Date: