Landlord Allocation Form



Thank you for participating in our Landlord Allocation program. To enroll and/or remove rental properties and associated units from this program, please provide the rental property information below and return this form to us online at eversource.com/upload. Once you select the box for Landlord Allocation Program, you will be prompted to sign in.

Please note: If a tenant calls us to discontinue service, we will continue the service to the rental properties listed below in the landlord's name, with the understanding that balances must be paid on time. If a past due balance accumulates, you may be removed from the Landlord Allocation Program, preventing the service from automatically transferring into your name in the future. We will also be unable to continue to provide electric and/or gas service if service has been turned off due to non-payment by the tenant.

| if service has been turned off due to non-payment by the tenant. | | | | |
|--|--|-----------|------------------------------------|----------|
| RENTAL PROPERTY STREET ADDRESS | DESIGNATE SPECIFIC UNIT(S) OR "ALL UNITS" | CITY/TOWN | DESIGNATE SER' ELECTRIC, GAS OF | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ace than is provided above mation requested in this c | | | |
| LANDLORD/MANAGEMENT COMP | ANY NAME (PLEASE PRINT CLEARLY) | | | |
| LANDLORD / PROPERTY MANAGER SIGNATURE | | | | |
| | | | | |
| Contact Information | | | | |
| STREET/P.O. BOX | | | TELEPHONE NUMBER(S) | |
| CITY/TOWN | | | STATE | ZIP CODE |
| EMAIL | | | NAME OF CONTACT | |