

SERVICE AUTHORIZATION BETWEEN TENANTS

To: NW Natural

This authorizes gas service to be left on in my name between tenants at:
(If multiple addresses, list each separately on addendum)

Street Address City State ZIP

Effective Date: _____

Owner(s) or Financially Responsible Parties:

(First/M.I./Last or Business Name) SSN or Tax ID Number: _____

(First/M.I./Last or Business Name) SSN or Tax ID Number: _____

Billing Address:

C/O or Attention (Property Manager): Property Network LLC

Street Address: PO Box 2509

City/State/ZIP: Gresham, OR 97030

Phone: _____ (Home) _____ (Work) 503-492-8844 (Property manager)

By my signature, I understand that I am responsible for payment of the natural gas billings incurred at the above address after a tenant moves out, and until a new tenant requests billing in their name. If the service account becomes past due, NW Natural may revoke this authorization without prior notice and enforce its collection policy. I also understand that in order to cancel this authorization, I must notify NW Natural. If I sell the above-named property, it is also my responsibility to notify the Company in order to cancel this authorization.

Signature of responsible party: _____

Please return the **white** copy to: **NW Natural / LBT 3rd Fl.**
PO Box 2641
Portland OR 97208-9956

Fax: (503) 721-2517
Phone: (800) 422-4012

Retain the **yellow** copy for your records.