

METROPOLITAN UTILITIES DISTRICT

LEAVE ON AGREEMENT REQUEST

Today's Date: _____

I have read and agree to [Leave on Agreement Terms and Conditions.pdf](#). Please establish a Leave-on Agreement to start for the following services address as of (date) _____:

1. Service Address: _____ Acct #: _____

Service Type: Gas Water Both

Is a tenant currently living here? Yes No

Do you want services transferred to your name? Yes No

2. Service Address: _____ Acct #: _____

Service Type: Gas Water Both

Is a tenant currently living here? Yes No

Do you want services transferred to your name? Yes No

3. Service Address: _____ Acct #: _____

Service Type: Gas Water Both

Is a tenant currently living here? Yes No

Do you want services transferred to your name? Yes No

4. Service Address: _____ Acct #: _____

Service Type: Gas Water Both

Is a tenant currently living here? Yes No

Do you want services transferred to your name? Yes No

Please complete the owner's information below:

Owner's Signature

Owner's Printed Name

Mailing Address

Social Security/Tax ID Number

Email Address

Phone Number - Cell: _____ Landline/Business: _____

Management Companies, please include the Authorization to Allow Management Company to Establish and/or Terminate gas and water Services on behalf of Property Owners (*Link to form*). For additional service addresses, complete on the second page.

****Click Here to Send Form****

(Attach sheet if additional space is needed)

5. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

6. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

7. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

8. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

9. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

10. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

11. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No

12. Service Address: _____ Acct #: _____
Service Type: Gas Water Both
Is a tenant currently living here? Yes No
Do you want services transferred to your name? Yes No