

# 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): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**Phone:** \_\_\_\_\_  
(Home) (Work) (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 3<sup>rd</sup> Fl.**  
**PO Box 2641**  
**Portland OR 97208-9956**

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

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