

Tahlequah Public Works Authority

PO Box 29 Tahlequah, Oklahoma 74465
OFFICE: 918-456-2564 FAX: 918-456-5690

NOTICE FOR RENTAL PROPERTY OWNERS

In order to keep our records correct, it is necessary to have yearly written consent on file if Tahlequah Public Works Authority is to leave your utilities connected at your rental property when your renters disconnect service. Tahlequah Public Works Authority can only provide the leave on service to your rental properties that have electric and water services. If your property has gas it will be your responsibility to contact NOPFA and update your yearly written request with them. When a property is sold it is your responsibility to notify Tahlequah Public Works Authority. When and if a tenant is turned off for non-payment it is your responsibility to contact Tahlequah Public Works Authority with a written request to restore services. **However, in case of human error Tahlequah Public Works Authority will not be responsible for damages to your property.**

Please list all full addresses with apartment #'s, if applicable, etc. at each property that you wish to leave utilities connected. If you own more than three properties please attach a full list with addresses with this sheet.

PLEASE SPECIFY WHICH ADDRESSES YOU WISH THE UTILITIES BE LEFT ON

Your signature on this agreement is to confirm that you are responsible for promptly paying the utilities on the properties listed above when services are in your name. Delinquent accounts on the Rental Contract will be deleted from this list by written request and you will be removed from the leave-on status.

If a tenant is disconnected for non-payment, utilities will not automatically be left on. There are no deposits required for the electric and water, but a connect fee will be charged per service for all connects.

Please print the name of the company your rentals are in. If personal just print and sign your name. Your business must be listed with phone number and signed by all authorized personnel.

Business, Company, LLC or Printed Name

Signature of Authorized Personnel

Date: _____

Mailing address: _____

Phone: _____