

Thank you for inquiring about our “Leave on for Landlord” program. This service provides owners, landlords and rental agencies the opportunity to have gas services activated in their own name when a tenant requests services to be disconnected to avoid the service being turned off.

**To enroll please complete the attached “Leave on for Landlord” application form.**

Be sure to review the terms and conditions listed on the application.

This program will initiate service in your name for all meters at the selected address. If you need room to list more addresses, please complete a second form with the additional information.

If you have any questions about the “Leave on for Landlord” program or the application form, please contact us at 1-718-643-4050, Monday – Friday, 8:00am-8:00pm, Saturday 9:00am-5:00pm.

**Smell Gas? Act Fast! Call 1-718-643-4050**

This is an important notice. Please have it translated.

Este é um aviso importante. Quiera mandá-lo traduzir.  
Este es un aviso importante. Sírvase mandarlo traducir.  
Avis important. Veuillez traduire immédiatement.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Questa è un'informazione importante.  
Si prega di tradurla.

Это очень важное сообщение.  
Пожалуйста, попросите чтобы  
вам его перевели.

**To the Applicant:** Enrollment in the “Leave on for Landlord” program allows National Grid to provide landlords, owners and rental agencies with continuous gas service when a tenant requests services to be disconnected. If you would like to enroll in this special program, please complete this form and return to **National Grid, Accounts Processing, 300 Erie Blvd West, Syracuse, NY 13202** or fax to **315-460-9752** or email to [loflnycprogram@nationalgrid.com](mailto:loflnycprogram@nationalgrid.com).

Landlord / Owner Name		Contact Telephone (   )	
Mailing Address	City	State	Zip Code
Email Address	When an account is placed in your name how would you like to be informed? Please check: By Email _____ or By Letter _____		
<input type="checkbox"/> Please check here if you want to enroll all apartments at this address. <input type="checkbox"/> Please enroll the following accounts/dwellings in the property noted below. If you need more space please use additional form.			

Current Account Holder (Tenant)	House Number & Street Name	Floor/Apt	City/State/Zip

### Terms and Conditions

I request that National Grid initiate gas service in the name shown on my application whenever a tenant of one of the locations listed requests that service be disconnected in their name.

I understand that National Grid:

- Will perform a credit review on my account(s) before enrolling me in the “Leave on for Landlord” program
- Reserves the right to terminate this agreement if charges for services billed to me are not paid by the due date shown on each bill
- Is **not** required to continue service to me whenever my tenant’s service is disconnected due to credit related matters
- Will contact me when a tenant’s account is placed in my name by email or letter at my option

I understand that I am ineligible for a new Leave on for Landlord agreement if on my own account or main property:

- Is more than \$100 in arrears
- Has a disconnect notice in effect
- Is in collections

This request and my obligation to pay bills in my name shall remain in effect for each of the account numbers/service addresses listed above until I provide National Grid with a written cancellation notice whenever:

- I wish to cancel all or part of this request or I sell any of the above properties

I agree that I will not make any claim for refunds on the grounds that I did not authorize service to be put in my name. I understand that I do not waive any rights to question the amount of the charges or usage.

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Title (Landlord, Owner, Manager)

Landlord / Owner Name		Contact Telephone (   )	
Mailing Address	City	State	Zip Code
Email Address	When an account is placed in your name how would you like to be informed? Please check: By Email _____ or By Letter _____		

Please enroll the following accounts/dwellings in the property noted below.

Current Account Holder (Tenant)	House Number & Street Name	Floor/Apt	City/State/Zip