

Dear Customer,

Thank you for contacting us regarding our “Leave on for Landlord” program. This service provides owners, landlords and rental agencies the opportunity to have the electric service activated in their own name when a tenant requests services to be disconnected.

To enroll please complete the enclosed “Leave on for Landlord” application form and return it. Be sure to review the terms and conditions listed on the bottom part of the application and sign and date the form.

Each location to be included in the program should be listed by account number and meter number (if available); house number and street address including the city, building, floor and any other apartment identification information. This program will initiate service in your name for all meters at selected accounts. If you need room to list more accounts, please attach a separate sheet of paper with the additional information.

If you have any questions about the “Leave on for Landlord” program or the application form, please contact us at 1-800-322-3223, Monday-Friday, 7:00am-7:00pm.

Sincerely,

National Grid
Enclosures (1)

This is an important notice. Please have it translated.

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

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.

Leave on for Landlord Application

Massachusetts



If you would like to enroll in this special program, please complete this form and return to National Grid, Account Maintenance & Operations, 300 Erie Blvd West, Syracuse, NY 13202-4250 Attn: LOFL, or email to: **LOFL@nationalgrid.com** or fax to: **315-477-7780**.

The information below will be used to contact you throughout your enrollment in the Leave on for Landlord Program. You will be contacted by Email or Standard Mail based on your preferred method of communication, by checking Email you consent to the use of electronic records sent to the contact email address provided below.

Name (Please list the name you would like the agreement under):			
Contact Telephone:		Contact Email Address:	
Preferred Method of Communication (Please select one): <input type="checkbox"/> Email <input type="checkbox"/> Standard Mail			
Tax ID and Legal Business Name (If applicable):			
Mailing Address:	City:	State:	Zip Code:
New to the LOFL Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		If not new, are you adding additional address(es): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Please check here if you want to enroll all apartments at this address.			

Account Number (if available)	National Grid's Meter Number	House Number	Street Name	Bldg/FI/ Apt	City/Town
	Electric				

Terms and Conditions

I request that National Grid initiate electric service in the name shown above 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 deny enrollment in Leave on for Landlord if my account or main property is more than \$100 in arrears, has a disconnect notice in effect, or is in collections.
- Reserves the right to terminate this agreement without further notice if charges for services billed to me are not paid by the due date shown on each bill, or in the event Landlord is deceased.
- Is not required to initiate service to me whenever my tenant's service is disconnected due to collections related matters.
- Will contact me each time an account transitions into my name via my preferred method of communication selected above.

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.
- 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): _____