



**CITY OF KLAMATH FALLS, OREGON**  
 222 S. 6<sup>th</sup> St. – P.O. BOX 237  
 KLAMATH FALLS, OREGON 97601



Sister City  
 ROTORUA, NEW ZEALAND

**UTILITY SERVICE AUTHORIZATION FORM FOR LANDLORDS**  
 (PLEASE PRINT)

NAME OF PROPERTY OWNER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

MAILING ADDRESS:  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

I hereby request the City of Klamath Falls automatically put the utility service for my rental property (or properties) listed below in my name when a tenant moves out, so there is no interruption of service. I am the owner of the rental property, and I agree to pay for such service and to comply with all rules and regulations of the City of Klamath Falls, either now in effect or as amended in the future. The account will remain in my name until a new tenant signs up for the service or **I notify you in writing** that I will no longer be responsible for the service at this address.

ADDRESSES:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date