

LEAVE IT ON SERVICE AGREEMENT



This agreement between _____ (Applicant) and GRU on behalf of _____
GRU Account Holder or Representative
_____ request that all utility services at the address(es) listed below be
GRU Account Name
automatically transferred to the account names above upon termination of utilities by the current account holder (tenant/occupant). I understand if the service is currently off it will be automatically activated (and activation fees assessed) when the Leave It On request is processed by GRU. I further agree to be billed for services until I notify GRU to terminate the service, or until the next tenant connects utility services. Said billing includes any and all period(s) of time when the service is in my Leave It On account name. I understand that the Leave It On services will continue for the address(es) listed below until I cancel this agreement with GRU in writing.

Note: Leave It On add or removal requests must include a copy of the signatory's valid driver's license.

Should there be any conflict as to the starting date of a new tenant's responsibility for GRU service provided at this address, Applicant assumes responsibility for payment of bills until the new tenant establishes service with GRU. Applicant acknowledges that Applicant has no right to have GRU retroactively adjust a bill for interim service in the event of a delay in establishing GRU service in a tenant's name.

This agreement may be terminated by either party with 10 business days' written notice. Applicant agrees to provide GRU with a minimum of 10 business days' written notice prior to a change in Applicant's status as owner or manager of Applicant's service address. If this agreement is terminated for any reason, Applicant shall remain responsible for the payment of all charges that were incurred in the exercise of this Agreement.

PROPERTY OWNER OR REPRESENTATIVE

Signature

Printed Name

Printed Title (if applicable)

Last 4 digits of SSN or Taxpayer ID

Date

Mailing Address

Daytime Phone

Email Address

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Check the service(s) you want to change to your name: Electric___ Gas ___ Water___

- If electric and water service are available at the location, then both services must be activated.
- If gas service is inactive, please select an appointment time: ___ 8 AM - Noon ___ 1-5 PM

Special Arrangements: _____

Note: Please be aware that if we are unable to gain entry to perform the safety inspection required for the restoration of gas service, your account will be charged a \$30 fee for failure to meet the scheduled appointment.

List the address(es) for the Leave It On Service (please include building, bay, suite or apartment number if applicable). If a specific service selection is not made, all services will be activated.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____