

Borough of Ellwood City
525 Lawrence Avenue
Ellwood City, PA. 16117
Utilities Collection Dept.
Phone: 724-758-5576
Fax: 724-758-2716

Landlord Authorization for Payment Extensions

This is to certify that the individual(s) named below is renting my property at the listed location. As per ordinance # 2245, any extended payment plan shall be subject to the property owner's written approval. This authorization is required **before the scheduled shutoff day**. The shut off date is listed on the notice which was mailed to both Renter and the Landlord. Please complete the entire form. This form may be mailed or taken to the address above listed or you may fax this form to the number listed above.

PLEASE PRINT

1. Customer/ Tenant(s) Name(s): _____

Service Address: _____

City _____ State _____ Zip: _____

Phone: (____) ____ - ____ Alt 1. (____) ____ - ____ Alt. 2. (____) ____ - ____

List Other Adults in Residence: _____

2. Landlord Name: _____

Landlord Address: _____

City _____ State _____ Zip _____

Landlord Phone Number: _____ Alt.1. (____) ____ - ____

Landlord email address: _____ Landlord Fax: _____

3. Landlords Agent : _____

Address: _____

City: _____ State _____ Zip _____

Agents Phone Number: (____) ____ - ____ Alt. 1. (____) ____ - ____

Agent Email Address: _____ Agent Fax: _____

AS LANDLORD, I (Check One) _____ Authorize _____ Do not authorize _____ Authorize One Time Only, the Payment Extension for the Shut off Notice. I acknowledge that the services to this location may be terminated should the Renter fail to satisfy the Payment Arrangements and that I may be ultimately responsible for any outstanding Utility Balances at this property location and will be required to pay all amounts prior to renting this location.

Signature: _____ Date: _____

Print Name: _____

Received by _____

Date _____