

Multi-Family Partnership Program Cancellation Form



Please fill out this form carefully and completely. Incomplete forms will not be processed.

Property Name:

Owner's Name:

Owner's Federal Tax ID Number:

Service Address:

(The address where service is provided)

Forwarding Address:

(The address where bills are to be mailed)

Initial:	Owner understands that, by removing this property from MPP, owner will be responsible for all fees associated with owner-requested connections and disconnections.
Initial:	Owner understands that all units billed in the owner's name will be disconnected unless connection is requested below.
Initial:	Owner understands that owner may be assessed additional deposits for any units that are connected under owner's name for the property.

Please list all rental units to be connected in the owner's name:

Owner would like the property listed above to be removed from the Multi-Family Partnership Program. Owner agrees to pay outstanding balances on all accounts by the due dates on the bills.

Signature of Primary Agent/Owner:

Printed Name of Agent/Owner:

Title:

Date: