



P.O. Box 1527 Covington, GA 30014

fax (770)385-2060

Landlord Agreement for Continuous Service

As landlord (owner, manager, or rental agent) for rental units designated below, I request that the City of Covington provide continuous service to these properties.

Rental Property Addresses:

*Please attach a separate sheet for multiple properties if needed.

IT is understood that I will be responsible for payment of the services at the designated rental units until service is transferred into a tenant's name. It is the Landlord's responsibility to ensure that tenants apply for service when the units are rented. Bills for services are to be addressed as follows:

Landlords Name:
Billing Address:
City, State, Zip:

Once this agreement is accepted by the City of Covington, it is understood that the Landlord will be bound by the City of Covington's ordinances for service as determined by the City Council, with the exception of the account establishment fee, which will be waived. However, should the Landlord request that the services be disconnected for any reason, the fee will be imposed.

Landlord accounts should be paid current. Any landlord accounts which may carry delinquent amounts will be removed from the Landlord Program and the benefits thereof.

Please be advised, if the service for the tenant is disconnected due to non-payment, it is the landlords responsibility to call and have the service reconnected once the tenant has vacated the unit.

Landlord Agreement for Continuous Service
Cont'd

*****IMPORTANT*****

I, the landlord, realize it is my responsibility to notify the City of Covington to discontinue the Landlord agreement when I no longer own the property. If I do not notify the City of Covington, I will be responsible for the bills at above property/properties while under this agreement.

REQUESTED BY:

Landlord signature: _____

Print name: _____

Home telephone: _____

Business telephone: _____

Cell #: _____

Please complete pages 1 & 2 and return to:

City of Covington
Attn: Customer Service
PO Box 1527
Covington, GA 30015
Fax-(770) 385-2060

_____ **(Section Below to be completed by City of Covington CSR)**

CSR Name: _____

Date Completed Agreement received and processed: _____