



## REVERT TO LANDLORD AGREEMENT

### APPLICANT (all fields required)

When a property is owned by a corporation or LLC, an associated natural person must be listed in this section.

#### OWNER OR SHAREHOLDER NATURAL NAME

CORPORATION, LLC, OR ORGANIZATION (if applicable)		LANDLORD LICENSE #	
OWNER ADDRESS (cannot be PO Box or commercial mailing service)		CITY	STATE ZIP
COUNTY	MOBILE PHONE	EMAIL	

### AGENT/CONTACT (if different from owner)

A local agent or contact is required if the applicant lives further than 60 miles driving distance from the property.

NAME OF AGENT/CONTACT		LANDLORD LICENSE #	
ADDRESS (cannot be PO Box or commercial mailing service)		CITY	STATE ZIP
COUNTY	MOBILE PHONE	EMAIL	

### PROPERTY LISTING

Request to automatically revert City utilities at the following addresses upon discontinuation of services by the tenant:


### APPLICANT AFFIRMATION

I affirm by my signature below that I am requesting all utilities with the City of Independence at the above listed properties revert back to the owner in the event that the tenants contact the City to disconnect services. I acknowledge that a fee will be charged each time services are reverted back in my name. I agree that all correspondence sent from the City of Independence will be mailed to the appointed agent/contact person as listed in the section above. This request will stay in effect until canceled in writing.

I acknowledge that any changes to the names, addresses, and other information concerning the persons on this application must be provided in writing to the City of Independence within ten days.

OWNER

SIGNATURE

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Date 

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AGENT/CONTACT

SIGNATURE

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Date 

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