## LANDLORD PROGRAM AGREEMENT TO PARTICIPATE



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Landlord Infor	mation			
Landlord Name:	First Name:	Last Name:		
	Social Security:	Federal	Federal ID Number:	
	Email:			
Telephone:	Primary Phone:	Secondary Phone:		
Billing Address				
Street Address:				Apt/Unit/Lot #
City: State:				Zip Code:
Rental Property Service Address(es)				
List Service Address for Each Property :				Meter Base Number(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Please attach a list if there are additional property addresses.				
<ol> <li>I would like to participate in Santee Cooper's Landlord Program.</li> <li>I understand that in order to participate in the Landlord Program, I must maintain a good credit standing with Santee Cooper. If I am delinquent on my payments to Santee Cooper, I will be removed from the Landlord Program.</li> <li>By signing this agreement, I am authorizing the electric meter(s) at my property to revert to me each time a tenant discontinues electric service at the properties listed below.</li> <li>I understand that I will be billed a \$20 service charge each time the location reverts to me.</li> <li>I understand that it is my responsibility to notify Santee Cooper in the event my billing address changes.</li> <li>If tenant becomes delinquent in their bills, the service is disconnected for nonpayment and the account is stopped, the Landlord will need to contact Santee Cooper to request the service be activated back into the Landlord's name.</li> <li>This agreement will stay in effect until I notify Santee Cooper either by phone or in writing that I no longer wish to participate in this program or have sold the location. Initials:</li> </ol>				
Landlord Signatu	ıre:	Date:		
Office Use	Below is for Santee Coope	r office use		

Account ID:

SA ID: