

FOUNTAIN TOWN GAS CO., INC.

LANDLORD STANDBY AGREEMENT

FORM L05/2017

OWNER / RESPONSIBLE PARTY'S NAME		SOCIAL SECURITY NO. <u>OR</u> FEDERAL TAX IDENTIFICATION NO.	
APARTMENT / PROPERTY NAME			
MAILING ADDRESS	DAYTIME PHONE	FAX NO.	EVENING PHONE
OWNER / RESPONSIBLE PARTY'S AUTHORIZED AGENT	DAYTIME PHONE	FAX NO.	EVENING PHONE
LANDLORD STANDBY AGREEMENT REQUESTED BY		FOR FOUNTAIN TOWN GAS CO., INC. USE ONLY AGREEMENT NO.	

PLEASE LIST ALL THE ADDRESSES YOU WISH TO HAVE INCLUDED IN THIS AGREEMENT. MAKE ADDITIONAL COPIES IF YOU HAVE MORE THAN 15.

SERVICE ADDRESS	CITY	APT. NO OR OTHER IDENTIFIER	ACCOUNT NO. FOR FOUNTAIN TOWN GAS USE ONLY

ACKNOWLEDGMENT

I have read and agree to the Terms and Conditions of Fountaintown Gas Co., Inc.'s Landlord Standby Agreement.

BY

_____ Date

_____ Customer Signature