Form No.:

TOWN OF HURT LANDLORD AUTHORIZATION FORM

DATE: _____

Town of Hurt
533 Pocket Road
P.O. Box 760
Hurt, VA 24563

Property owner (Landlord)
_____
_____
_____

RE: _____
Tenant

_____
Address of leased property

Tenant's mailing address (if different)

Hurt, VA 24563

To Whom It May Concern:

The above-stated Tenant has entered into a lease for property owned by Landlord located at the above address and is hereby authorized to obtain utility services at this address as a Tenant of Landlord. To initiate service, Tenant will be required to sign an application and pay a deposit equal to five months average usage at this property.

In the event that Tenant vacates the property Landlord agrees to notify Town immediately. If any delinquent charges remain after application of the deposit, Town agrees to make a good faith, reasonable effort to collect from Tenant.

If Town is unable to collect such delinquent charges from Tenant Landlord will be given written notice of the uncollectable delinquency and a period of 30 days to pay it in full. If not paid within said period a lien will be filed on the property in the amount of the delinquency plus penalties and interest.

By his/her signature below, Landlord indicates his/her receipt of the foregoing.

Signed: _____
Landlord/Property Owner