

LANDLORD CONTRACT

Black Hills Energy P.O. Box 6006 Rapid City, SD 57709 Phone: 888-890-5554 Fax: 800-540-2486

Email: custserv@blackhillscorp.com

PLEASE PRINT IN INK OR TYPE <u>ALL</u> OF THE FOLLOWING INFORMATION.

IF YOU NEED ADDITIONAL SPACE, MAKE EXTRA COPIES OF THIS FORM OR ATTACH A SEPARATE SHEET.

PROPERTY OWNER:									
Name						□ Social Security # or □ Fed ID #			
Mailing Address	City	City			Zip				
E-Mail Address						Telephone			
DRODERTY MANAGER/	ADDITIONAL PARTIES	g.							
PROPERTY MANAGER/ADDITIONAL PARTIES: Name						□ Social Security # or □ Fed ID #			
Mailing Address		City	City State			Zip			
E-Mail Address	dress					Telephone			
WHEN SERVICE IS BILL	ING IN MY NAME, PL	EASE MA	AIL THE BILL TO						
Name						Attn:			
Mailing Address	City					State Zip		Zip	
OPTIONS:	1						ı		
☐ All Months □	I want to	I want to be notified via letter when service transfers to my name** ☐ Yes ☐ No							
DDODEDTY ADDDESS/E	:01.								
PROPERTY ADDRESS(E Street Address	Apt. 1	No. City		State	Zip		Account	No.	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
I HAVE READ AND UNDERSTAN	ND THE TERMS AND CONDI	TIONS AND	RETAINED A COPY	FOR MY RI	ECORI	OS.			
x			x						
Owner's Signature***	Date		Signature				Date	9	
***If property manager signs, we will als	so need the property management	agreement.							

^{*}If left blank – assumption is "All Months."