

**COLES MOULTRIE ELECTRIC COOPERATIVE
LAND LORD PROGRAM FORM**

NAME: _____ **CC#:** _____
(Please Print)

MAILING ADDRESS: _____

PHONE NUMBER(S): _____

I am the owner of the property at: _____
I request to have the service placed in my name immediately upon
disconnect. **Note this does not include disconnection due to non-
payment of the bill. We will make an effort to contact you if the tenant
is subject to disconnection.**

CHOOSE ONE OF THE FOLLOWING

_____ I authorize the service to be placed in my name any time the tenant
requests the service to be disconnected.

_____ I authorize the service to be placed in my name only during winter
months (October – March) when the tenant requests the service to be
disconnected.

It is my responsibility to notify CMEC when/if I want to terminate this
program.

Signed: _____ Date: _____