Leave on for Landlord Deletion Form



Dear Customer,

Thank you for contacting us regarding our "Leave on for Landlord" program.

To de-enroll please complete the enclosed "Leave on for Landlord" deletion form and return it. Be sure to review the terms and conditions listed on the bottom part of the application and sign and date the form.

Each location to be removed from the program should be listed by account number and meter number (if available), house number and street address including the city, building, floor and any other apartment identification information. This program will terminate service for all meters at the selected accounts. If you need room to list more accounts, please attach a separate sheet of paper with the additional information.

If you have any questions about the "Leave on for Landlord" program or the de-enrollment form, please contact us at **1-855-RIE-1101**, Monday-Friday, 7:00am-7:00pm.

Sincerely,

Rhode Island Energy Enclosures (1)

This is an important notice. Please have it translated.

Leave on for Landlord Deletion Form



If you would like to de-enroll in this special program, please complete this form, and return to Rhode Island Energy, Account Maintenance & Operations, 300 Erie Blvd West, Syracuse, NY 13202-4250 Attn: **LOFL**, or email to: **LOFL@rienergy.com** or fax to: **315-460-9752**.

The information below will be used to contact you throughout your de-enrollment in the Leave on for Landlord Program. You will be contacted by Email or Standard Mail based on your preferred method of communication.

Name (Please list th	e name the a	greement is u	ınder):			
Contact Telephone:			Contact Email Address:			
Preferred Method of	Communicat	ion: 🗖 Email	☐ Standard Ma	ail		
Tax ID and Legal Bu	ısiness Name	(If applicable):			
Mailing Address:			City:		State:	Zip Code:
☐ Please check her	e if you want	to de-enroll al	ll apartments at	this address.	-	
Account Number (if available)	RI Energy's Meter Number		House Number	Street Name	Bldg/Fl/ Apt	City/Town
	Electric	Gas				
Terms and Conditions	5					
I request that RI Energy one of the locations list					e shown abo	ove whenever a tenant o
I understand that RI En	ergy is not requ	uired to contact	me when tenant	s request to disconne	ct service.	
Please Note: If you ha will be taken out of yo					power disc	onnected and service
I agree that I will not ma Please sign this applica						ken out of my name.
Date:		Authorized Si	gnature:			

Title (Landlord, Owner, Manager):