



**Rhode Island Energy™**

## Leave On For Landlord Application

Dear Customer,

Thank you for contacting us regarding our “Leave on for Landlord” program. This service provides owners, landlords and rental agencies the opportunity to have the gas and/or electric activated in their own name when a tenant requests services to be disconnected.

To enroll please complete the enclosed “Leave on for Landlord” application 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 included in 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 initiate service in your name for all meters at 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 application form, please contact us at 1-855-743-1101 (Electric) or 1-800-870-1664 (Gas), Monday-Friday, 7:00am-7:00pm.

Sincerely,

Rhode Island Energy  
Enclosures (1)

If you would like to enroll in this special program, please complete this form and return to Rhode Island Energy, Account Maintenance & Operations.

Email: [LOFL@rienergy.com](mailto:LOFL@rienergy.com)

The information below will be used to contact you throughout your enrollment in the Leave on for Landlord Program. You will be contacted by Email or Standard Mail based on your preferred method of communication, by checking Email you consent to the use of electronic records sent to the contact email address provided above.

**This is an important notice. Please have it translated.**

Este é um aviso importante. Quiera mandá-lo traduzir.  
Este es un aviso importante. Sirvase mandarlo traducir.  
Avis important. Veuillez traduire immediatement.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Questa è un'informazione importante,  
Si prega di tradurla.

Это очень важное сообщение.  
Пожалуйста, попросите чтобы  
вам его перевели.



# Leave On For Landlord Application

Name (Please list the name you would like the agreement under):

Contact Telephone: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Preferred Method of Communication:  Email  Standard Mail

Tax ID and Legal Business Name (If applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New to the LOFL Program:  Yes  No If not new, are you adding additional address(es):  Yes  No

Please check here if you want to enroll all apartments at this address.

Account Number (if available)	Rhode Island Gas Meter Number		House Number	Street Name	Bldg/Floor /Apt	City/Town
	Electric	Gas				

### Terms and Conditions

I request that Rhode Island Energy initiate gas service in the name shown above whenever a tenant of one of the locations listed requests that service be disconnected in their name.

I understand that Rhode Island Energy:

- Reserves the right to terminate this agreement without further notice if charges for services billed to me are not paid by the due date shown on each bill, or in the event Landlord is deceased.
- Is not required to initiate service to me whenever my tenant's service is disconnected due to collections related matters.
- Will contact me each time an account transitions into my name via my preferred method of communication selected above.

This request and my obligation to pay bills in my name shall remain in effect for each of the account numbers/service addresses listed above until I provide Rhode Island Energy with a written cancellation notice whenever:

- I wish to cancel all or part of this request.
- I sell any of the above properties.

Please return form to:

**SAVE TIME BY** emailing: [LOFL@rienergy.com](mailto:LOFL@rienergy.com)  
 Mail: Rhode Island Energy, Account Maintenance & Operations ATTN: LOFL - 300 Erie Blvd West, Syracuse, NY 13202-4250  
 Fax: 315-460-9752

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Title (Landlord, Owner, Manager): \_\_\_\_\_

I agree that I will not make any claim for refunds on the grounds that I did not authorize service to be put in my name. I understand that I do not waive any rights to question the amount of the charges or usage.