



Landlord Property Agreement Form



Your Touchstone Energy® Cooperative 

N6868 County Road F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143

Landlord's Full Name:		
Member #:	Phone #:	
Email:		
Mailing Address		
Street:		
City:	State:	Zip:

Service Addresses Covered by this Agreement:	
Service Address	Billing Option (select # from list below)

Billing Options
<p>1. Landlord Responsible - Landlord Receives Bill:</p> <ul style="list-style-type: none"> Landlord retains membership and is responsible for payment of the Jackson Electric billing statement. Billing statements and all other correspondence will be sent to the landlord. Capital Credit allocation will accrue to the landlord.
<p>2. Tenant Responsible - Tenant Receives Bill:</p> <ul style="list-style-type: none"> Tenant obtains membership and is responsible for payment of the Jackson Electric billing statement. Membership requires an identity report fee and possible deposit that must be paid before service is transferred into tenant's name. Service will not be transferred if tenant fails to meet membership requirements. Billing statements and other correspondence will be sent to the tenant. Capital Credit allocation will accrue to the tenant. Service will switch back into the landlord's name upon receiving a completed Intent to Vacate form from the tenant and approval from the landlord. Service will NOT switch back into the landlord's name for a disconnect due to non-payment or other Jackson Electric Cooperative policy violation. Jackson Electric is not liable for any damages incurred at the property due to a loss of power at the service address. If tenant vacates without completing Intent to Vacate form, the landlord must contact Jackson Electric to transfer service back to the landlord's membership. If service is disconnected, reconnect fees will apply. If service is in the name of the tenant, Jackson Electric cannot disclose tenant's account information to the landlord unless the landlord requests and the tenant authorizes by signing and returning a Release of Information form to be kept on file at the Cooperative office.

I understand the options listed above and have indicated the option(s) I want applied to the property/properties listed above. I agree to notify Jackson Electric of any change in the landlord and/or tenants.

Signature: _____ Date: _____