



LANDLORD CONTRACT

Black Hills Energy
 P.O. Box 6006
 Rapid City, SD 57709
 Phone: 866-264-8003
 Fax: 800-540-2486
 Email: custcorr@support.blackhillsenergy.com

PLEASE PRINT IN INK OR TYPE ALL OF THE FOLLOWING INFORMATION.
 IF YOU NEED ADDITIONAL SPACE, MAKE EXTRA COPIES OF THIS FORM OR ATTACH A SEPARATE SHEET.

PROPERTY OWNER:

Name			<input type="checkbox"/> Social Security # or <input type="checkbox"/> Fed ID #	
Mailing Address	City	State	ZIP	
Email Address			Telephone	

PROPERTY MANAGER/ADDITIONAL PARTIES:

Name			<input type="checkbox"/> Social Security # or <input type="checkbox"/> Fed ID #	
Mailing Address	City	State	ZIP	
Email Address			Telephone	

WHEN SERVICE IS BILLING IN MY NAME, PLEASE MAIL THE BILL TO:

Name		Attn:	
Mailing Address	City	State	ZIP

OPTIONS:

<input type="checkbox"/> All Months	I want to be notified via letter when service transfers to my name** <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	--

PROPERTY ADDRESS(ES):

	Street Address	Apt. No.	City	State	ZIP	Account No.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS AND RETAINED A COPY FOR MY RECORDS.

X _____
 Owner's Signature*** Date

X _____
 Signature Date

***If property manager signs, we will also need the property management agreement.

*If left blank – assumption is "All Months."

** If left blank – assumption is "No."