



## Landlord Transfer Agreement

To Landlord or Rental Agent:

Thank you for your interest in our Landlord Agreement program. Please read this agreement, fill in the requested information and return it to:

Kenergy Corp  
Attn: Landlord Agreement Program  
P.O. Box 1389  
Owensboro, Kentucky 42302 1389

Please read the following statements:

- I understand that signing this agreement allows Kenergy Corp. to automatically transfer the electric service to my name if a tenant/occupant requests that their electric service be disconnected at a rental property listed on this agreement.
- I understand that Kenergy Corp. is not responsible to ensure that the tenant moves out of the rental property listed on this agreement by the requested disconnected date.
- I understand that an automatic transfer will not be performed if a tenant's service is disconnected due to: a) non-payment of a bill, b) non-access to the meter, c) theft, d) fraud and/or non-compliance with state, local or other codes, or e) due to dangerous or hazardous conditions.
- I understand that if I change my billing address, sell the property, need to add or delete rental properties, or wish to discontinue this agreement I must notify the cooperative in writing at the address listed above, at least 30 days prior to desired change date.
- I understand that in the event the rental property is vacated, with or without notice to Kenergy Corp., or electric service is disconnected to the rental property for any reason, Kenergy Corp. is not responsible for any damages to the rental property as a result of failure to deliver electric service. Landlord hereby waives any claim for damages to the rental property occurring as a result of the failure to deliver electric service to the rental property.
- I understand if a deposit is required on my account, I am not eligible to participate in the Landlord agreement program.

\_\_\_\_\_  
Landlord Signature (Required)      Date

\_\_\_\_\_  
Kenergy Corp      Date

<b>Landlord Information</b>	
<b>Billing Name:</b>	
<b>Contact Name:</b>	
<b>Mailing Address:</b>	
<b>Primary Phone:</b>	
<b>Last 4 Digits - SSN or Federal Tax ID # :</b>	

Please list all addresses served by a separate meter that are to be automatically transferred (More space continued on page 2).

**Addresses to be automatically transferred:**

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Street Address	Apt/Unit/Floor	City/State/Zip
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Street Address

Apt/Unit/Floor

City/State/Zip