



Creative Energy. Powerful Growth.

## APARTMENT COMPLEX AGREEMENT

Account Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I /we hereby authorize the following properties and apartments to have natural gas automatically turned on in my/our name whenever the account holder at these locations requests turn off. If I/we wish this automatic turn on service be discontinued, I/we will notify Chesapeake Utilities in writing. In addition, if I/we require gas service at this or other locations to be disconnected, I/we understand that we are responsible to notify Chesapeake Utilities of our request. I/we have attached a spreadsheet with the account numbers and locations to be covered by this agreement

It is also understood that in the event service is turned off for non-payment, while in my/our name, the undersigned will be required to pay the account in full. In addition, an applicable deposit and reconnect fee will be required in order to have gas service reconnected.

It is also understood that if the balance(s) are not paid within 45 days from receipt of the final bill, Chesapeake Utilities reserves the right to transfer unpaid balances to an active account number and a deposit and reconnect fee will be charged prior to reconnecting.

It is understood that if gas service has been inactive in a unit for 12 months or more, Chesapeake Utilities reserves the right to remove the meter at a time of their choosing. If the meter is removed, I/we will need to get a plumber (at my/our cost) to perform a pressure test prior to reinstalling the meter. I/we will be subject to a reconnection fee and a deposit may be charged prior to reconnecting.

It is understood that to ensure proper crediting of group payments, I/we will need to complete the group payment spreadsheet and include it with our payment mailed to 32145 Beaver Run Dr, Salisbury MD 21804. If I/we do not provide a thorough accounting of the payment, any remaining balance will be applied to the first account on the spreadsheet.

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMAIL INSTRUCTIONS:** Please fill out the information above, save completed form to your desktop, and submit your form via email to DNGCCLEADS@chpk.com, along with any applicable attachments.