AES Ohio

Multiple Landlord Agreement Application

| Billing Name | Р | Phone # | | | |
|--|---------------|---------|----|--|--|
| Contact Person | Р | Phone # | | | |
| Mailing Address: | | | | | |
| Do you want this agreement in effect all year? | Yes No | | | | |
| Do you want this agreement in effect just in the winter (Nov. 1 – Apr. 15)? Yes No | | | | | |
| Do you want notification if service is going to be | disconnected? | ? Yes | No | | |
| | | | | | |

(Please list each apartment number on a separate line. For example, do not enter 1-6.)

| Apt # | City |
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| | |
| | Apt # |

Please return by

Fax: 937-331-4990 (no cover letter needed)

E-mail: aesohiohousing@aes.com

