



# Property alignment form



**This form is used to inform us of all properties that you own or manage that you would like aligned according to your business needs. The information will be used to update our records. At minimum, we recommend that you group properties by legal entity/owner name to avoid credit and debit balance transfers between unrelated properties. You may copy this form to notify us of additional property groupings.**

## Owner & Property Management Company Information:

Legal Ownership Name: \_\_\_\_\_  
(Legal Name of Entity/Person who owns the property)

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Owner Contact Name: \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ Federal Tax ID/SS#: \_\_\_\_\_

## Please complete the following information if the properties listed below are managed by a property management firm:

Management Company's Name: \_\_\_\_\_

Management Company's Mailing Address: \_\_\_\_\_  
(The bills will be mailed to this address between tenants)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Management Company's Contact Name: \_\_\_\_\_

Management Company's Contact Phone: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Management Company's Fax Number: ( ) \_\_\_\_\_ Federal Tax ID/SS#: \_\_\_\_\_

**Site/Location/Group Name or Descriptor: (ex: Main St. Apts)** \_\_\_\_\_

I would like the Name/Descriptor information to appear in the mailing address area of my bill.

Specific site/property address information associated with the Site/Location/Group Name:

**Property Address 1:** \_\_\_\_\_

Number of Units: \_\_\_\_\_ List of Currently Unoccupied Units: \_\_\_\_\_

Please indicate the building's interior (hall) lighting account number : \_\_\_\_\_

**Please indicate how you would like responsibility for energy service(s) handled between tenants by selecting one of the following owner agreement options. The agreement you select will apply to the electric and gas services for all the units in the building/complex.**

### OPTION #1 – All year agreement

I accept billing responsibility for energy service between tenants. By selecting this option, I will be billed for all energy usage between tenants unless I notify We Energies otherwise.

### OPTION #2 – Lock/disconnect agreement

I do not want to assume billing responsibility between tenants. I request We Energies terminate service to the rental dwelling unit.

**I affirm that service termination will not endanger human health or life, or cause damage to property.**

**OPTION #3 – No permanent agreement**

I do not want a permanent agreement. I understand that you will notify me at each tenant change and ask me to select whether I want energy service placed in my name or disconnected. **I understand that I will need to provide We Energies with my response within 15 days of the notification to avoid being billed for energy service.**

**Please mail the bills to: (circle one) (1) my owner address shown above or (2) the address listed here:**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Disconnection rules**

If you choose to have service disconnected at a meter(s) located inside a building or an otherwise inaccessible location, you will need to provide access for our metering staff to disconnect the service(s). **Under Public Service Commission of Wisconsin rules for cold weather disconnections, we are required to verify that residential premises are vacant before disconnecting natural gas and electric service between Nov. 1 and April 15. We will need access to both the living unit and the meter(s) in most cases.** Access to the living unit is not required for buildings with four or more residential units where an owner has an established lock/disconnect (Option #2) owner agreement and the tenant has contacted us to close the account. In absence of a tenant-requested closure, you will be asked to provide access to the unit and the meter(s). **Arrangements for this access must be made within 15 days of a tenant's move to avoid being billed for energy services.**

**Property Address 2:** \_\_\_\_\_

Number of Units: \_\_\_\_\_ List of Currently Unoccupied Units: \_\_\_\_\_

Please indicate the building's interior (hall) lighting account number: \_\_\_\_\_

**Owner Agreement Type** (check one below): (Please refer to the first page of the form for a description of the choices)

- All Year Agreement     Lock/Disconnect Agreement     No Permanent Agreement

**Property Address 3:** \_\_\_\_\_

Number of Units: \_\_\_\_\_ List of Currently Unoccupied Units: \_\_\_\_\_

Please indicate the building's interior (hall) lighting account number: \_\_\_\_\_

**Owner Agreement Type** (check one below): (Please refer to the first page of the form for a description of the choices)

- All Year Agreement     Lock/Disconnect Agreement     No Permanent Agreement

**Property Address 4:** \_\_\_\_\_

Number of Units: \_\_\_\_\_ List of Currently Unoccupied Units: \_\_\_\_\_

Please indicate the building's interior (hall) lighting account number: \_\_\_\_\_

**Owner Agreement Type** (check one below): (Please refer to the first page of the form for a description of the choices)

- All Year Agreement     Lock/Disconnect Agreement     No Permanent Agreement

**I am interested in enrolling in the online tenant change service (of more than 8 units). The following individual(s) should have online access to my property information so they can provide tenant change requests:**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax the completed form to:** (262) 523-7823 or (800) 354-3585

**OR Return to:** We Energies, Attn: Small Business Center – PCCC, P.O. Box 2046, Milwaukee, WI 53201

Please keep a copy for your records.