

# Commercial owner agreement



This form is used to indicate how you would like energy service(s) provided to your commercial rental property between tenants. This information will be used to determine future billing responsibility when there is no tenant. We may hold you responsible for the energy used at this property and associated billing charges, or disconnect the service in the absence of an owner agreement.

## Property/owner information

Property address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal ownership name: \_\_\_\_\_  
(entity/person responsible for bill between tenants per the agreement)

Project/division name (if applicable): \_\_\_\_\_

Owner address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Owner phone (day): \_\_\_\_\_ Owner phone (evening): \_\_\_\_\_

Owner email: \_\_\_\_\_ Tax ID/SSN: \_\_\_\_\_

Please indicate how you would like billing responsibility for energy service(s) handled between tenants by selecting one of the following owner agreement options. The agreement you select will apply to both the electric and natural gas service at all rental units at this location. Please review the disconnection rules below prior to making your selection.

### 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 use between tenants unless I notify We Energies otherwise. Mail bills to:

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

### Option 2 - Lock/disconnect agreement

I do not want to assume billing responsibility between tenants. I request that We Energies disconnect service to the commercial rental unit. **I affirm that service disconnection will not endanger human health or life, or cause damage to property. (See disconnection rules for additional requirements.)**

## Disconnection rules

If you choose to have service disconnected at meter(s) located inside a building or otherwise inaccessible, you will need to provide us access to disconnect the service(s). **To avoid being billed for energy services, arrangements for meter access must be made within 15 days of our notification of the tenant account closure or prior to the actual tenant's account closure date, whichever is later.**

Owner signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
(agreement applies to additional properties identified on back of form)

## Additional information

**I don't own this property.**

Owner's name (if known): \_\_\_\_\_ Owner's phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**A new tenant has moved in.**

Tenant's name (required): \_\_\_\_\_ Date responsible (required): \_\_\_\_\_

Previous address (if known): \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**I would like this owner agreement to apply to these additional commercial rental properties:**

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

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

## Property management company (if applicable)

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

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

(Between tenants, bills will be mailed to this address)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/SSN: \_\_\_\_\_

### Submit completed form to:

Fax: 262-523-7823 or 800-354-3585 or

Mail: We Energies, Customer Records – P288, P.O. Box 2046, Milwaukee, WI 53201

For more information to help you manage your rental property, visit our Property Manager website at [www.we-energies.com/rental](http://www.we-energies.com/rental) or call 800-714-7777.