

Changes to Landlord Reversion Agreement

Enbridge Gas	agreement and return it t	to:			
P.O. Box 5759					
Cleveland, OH					
Or, fax it to 1-					
Landlord I	nformation				
Name:					
Home Address	;				
Mailing Addres	ss:				
Home Phone:		Work Phone	Work Phone:		
Social Security	Number:	Employer:			
DBA (doing business as - Company Name):		e):	Tax ID Number:		
WHEREAS:		(printed na	(printed name) as the " Landlord, " (the owner or rental agent) for		
the rental units	listed below, requests that I	Enbridge Gas Ohio make changes to	my current Landlord R	eversion Agreement.	
Please cl	hange the mailing address	for my Landlord Reversion Agreem	ent. Please mail the no	tification to:	
Address		City	 State		
	all the properties listed bel	City ow from my Landlord Reversion Agr		Zip	
Revoke a		•		Zip	
Revoke a	he properties below to my	ow from my Landlord Reversion Agr	eement.	Zip	
Revoke a Add all t Revoke a	he properties below to my	ow from my Landlord Reversion Agr	eement. sion Agreement.		
Revoke a Add all t Revoke a	he properties below to my	ow from my Landlord Reversion Aground Landlord Reversion Agreement. The standard Reversion Agreement and terminate my Landlord Reversion Reversio	eement. sion Agreement. additional pages as r		
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