



# Changes to Landlord Reversion Agreement

Complete this agreement and return it to:

Enbridge Gas Ohio  
P.O. Box 5759  
Cleveland, OH 44101-0759

Or, fax it to 1-855-241-0381

## Landlord Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employer: \_\_\_\_\_

DBA (doing business as - Company Name): \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

WHEREAS: \_\_\_\_\_ (printed name) as the "**Landlord**," (the owner or rental agent) for the rental units listed below, requests that **Enbridge Gas Ohio** make changes to my current Landlord Reversion Agreement.

\_\_\_\_\_ Please change the mailing address for my Landlord Reversion Agreement. Please mail the notification to:

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

\_\_\_\_\_ Revoke all the properties listed below from my Landlord Reversion Agreement.

\_\_\_\_\_ Add all the properties below to my Landlord Reversion Agreement.

\_\_\_\_\_ Revoke all the properties listed below and terminate my Landlord Reversion Agreement.

**PLEASE LIST EVERY ADDRESS SERVICED BY A SEPARATE METER. (Include additional pages as necessary for more properties)**

\_\_\_\_\_  
Apt.# Unit# Address City Office Use Only

\_\_\_\_\_  
Apt.# Unit# Address City Office Use Only

\_\_\_\_\_  
Apt.# Unit# Address City Office Use Only

\_\_\_\_\_  
Apt.# Unit# Address City Office Use Only

\_\_\_\_\_  
Apt.# Unit# Address City Office Use Only

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date