



Black Hills Power
 PO Box 6006
 Rapid City, SD 57709

OPTION A

Phone: 1-800-742-8948
 Fax: 1-800-540-2486

LANDLORD AUTHORIZATION TO REVERT SERVICE: WINTER MONTHS ONLY

PLEASE PRINT IN INK OR TYPE ALL OF THE FOLLOWING INFORMATION. IF YOU NEED ADDITIONAL SPACE, MAKE EXTRA COPIES OF THIS FORM OR ATTACH A SEPARATE SHEET.

NAME THAT SERVICE WOULD REVERT TO

Revert Account Name (Business, Complex, Management Company or Individual)			<input type="checkbox"/> Social Security # or <input type="checkbox"/> Fed ID #	
Mailing Address	City	State	Zip	Telephone

OWNER / MANAGER / CO-OWNER INFORMATION

Last Name	First Name	Middle Initial	Social Security #
Home Address	City	State	Zip
Home Telephone			
Business Address	City	State	Zip
Work Telephone			

Last Name	First Name	Middle Initial	Social Security #
Home Address	City	State	Zip
Home Telephone			
Business Address	City	State	Zip
Work Telephone			

It is my desire that Black Hills Power leave its electric service turned on, **ONLY BETWEEN THE DATES OF OCTOBER 1 THROUGH MARCH 31**, even if the tenant or occupant, in whose name the service is metered, requests that such service be discontinued or the services to that tenant or occupant are discontinued by Black Hills Power pursuant to the South Dakota PUC Rules and Regulations, or the Wyoming PSC Rules and Regulations, and Black Hills Power Tariffs.

Black Hills Power expressly reserves the right to disconnect service to a tenant for collection purposes pursuant to the South Dakota PUC or Wyoming PSC Rules and Regulations and Black Hills Power Tariffs. If services are to be disconnected, the services will revert to my name and I agree to pay for the services provided to the property listed on this agreement in order to avoid a period of discontinuance of service by a tenant or occupant. I agree that I will be responsible for future billings, even if the tenant still occupies the premises. My failure to pay may result in immediate disconnection.

I agree to notify Black Hills Power in writing of a sale or transfer of the premises and until Black Hills Power receives such notification, I will assume liability as provided above. I also agree to notify Black Hills Power in writing if I change my address or wish to cancel this agreement.

Please reference attached property listing to authorize Black Hills Power to transfer properties back into your name or disconnect meter between tenants.

x _____ x _____
 Owner's Signature Date Co-Owner's Signature Date

Contact Black Hills Power if you need to cancel a landlord reversion option. The properties will remain on service and billing transferred to your name and you will be responsible for all charges related to services until Black Hills Power is notified. This authorization will be in effect five working days after receipt by Black Hills Power.

When the service address(es) listed below, for any reason, are either vacated by the tenant, or when service to the tenant is disconnected, I/we, as owner(s)/manager of such property(ies), authorize Black Hills Power to revert and continue the utility service in my/our name and for which I/we will be responsible as indicated below.

REVERT OPTION: WINTER ONLY (Oct. 1 – Mar. 31)

	Street Address	Apt No.	City/State/Zip	Account Number
1				
2				
3				
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12				
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x _____ x _____
 Owner's Signature Date Co-Owner's Signature Date