LANDLORD CONTRACT

Black Hills Power
P.O. Box 6006
Rapid City, SD 57709
Phone: 800-742-8948
Fax: 800-540-2486
Email: customerservice@blackhillscorp.com

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.

PROPERTY OWNER:

Name			☐ Social Security # or ☐ Fed ID #
Mailing Address	City	State	Zip
E-Mail Address			Telephone

PROPERTY MANAGER/ADDITIONAL PARTIES:

Name			☐ Social Security # or ☐ Fed ID #
Mailing Address	City	State	Zip
E-Mail Address			Telephone

WHEN SERVICE IS BILLING IN MY NAME, PLEASE MAIL THE BILL TO:

Name		Attn:	
Mailing Address	City	State	Zip

OPTIONS:

☐ All Months ☐ Winter Only (Nov. 1 - Mar. 31)*	I want to be notified via letter when service transfers to my name** ☐ Yes ☐ No

PROPERTY ADDRESS(ES):

	Street Address	Apt. No.	City	State	Zip	Account No.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS AND RETAINED A COPY FOR MY RECORDS.

x_____ _____ x_____ _____
Signature Date Signature Date

*If left blank – assumption is "All Months." ** If left blank – assumption is "No."

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