



Atlanta * Hughes Springs * Linden
www.apmtx.org

Date: _____

To: CenterPoint Energy Entex
Billing & Accounting Dept.
Shreveport, LA 71101

Account #: _____

Fax: 888-865-9088

HEAD OF HOUSEHOLD: _____ S.S.#: _____

D.L. OR I.D. #: _____

Physical Address: _____ Mailing Address: _____

As Head of Household I understand the utilities (gas and electricity) paid by resident must be connected and operating prior to moving into the unit. Receipts for connection of utilities must be submitted to the PHA. If I fail to comply, the utility company has my permission to notify the PHA and I understand my lease will be subject to termination.

In service is disconnected for non-payment the utility company has my permission to notify the PHA. If service is not restored within three (3) days I understand my lease is subject to termination.

I do hereby grant my permission for an authorized representative of Atlanta Property Management, DBA: NET Property Management – Atlanta * Hughes Springs * Linden, to obtain consumption and cost data for utilities. This information is to be used solely for the purpose of gathering statistical data to determine the adequacy of dollar allowance for my utility usage.

This form of release is to remain effective until such time as I vacate the dwelling unit or rescind it for other reasons. Rescinding my permission will be known to the utility company by written communication with a copy forwarded to Atlanta Property Management, DBA: NET Property Management – Atlanta * Hughes Springs * Linden.

Resident Signature

Date

PHA Signature

Date



Atlanta * Hughes Springs * Linden
www.apmtx.org

Date: _____

To: Billing & Accounting Dept.
AEP SWEPCO
428 Travis St.
Shreveport, LA 71101

Account #: _____

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D.L. OR I.D. #: _____

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