VILLAGE OF JACKSONVILLE
ELECTRIC COMPANY

LANDLORD/AGENT VERIFICATION

Please fill out the below information pertaining to the rental unit:

_____ _____
Account Number Meter Number

_____ _____
Apt# Street Location

_____
Name of Renter (s)

_____
Name of Landlord (s)

_____
Effective Date

I, _____do hereby authorize my landlord access to my electric account information.

_____
Signature of Tenant (s)

_____
Signature of Tenant (s)

_____
Today's Date