



Dear Management Company:

You have in the past or recently requested that the utility services for gas and/or water be established for a property owner whom you represent. In order to process your request, the District requires that the attached form be filled out by your property owner acknowledging their delegation of authority to you and to set up or terminate as well as access or change their utility account information on their behalf. Once the form is completed it can be sent to any of the following:

- Metropolitan Utilities District  
Account Representative  
3100 S. 61<sup>st</sup> Avenue  
Omaha, NE. 68106-3621
- 402-504-7016 – e-fax
- [Account\\_representative@mudnebr.com](mailto:Account_representative@mudnebr.com)

Thank you,

Customer Service  
Metropolitan Utilities District



**Authorization to Allow Management Company to Establish and/or Terminate Gas & Water Services on Behalf of Property Owner**

The undersigned is/are the property owner(s) of \_\_\_\_\_ (Address) in \_\_\_\_\_ (City), Nebraska, and are requesting gas and/or water services to be established in our name through our management company, \_\_\_\_\_ (Property Management Company Name). I/We authorize the Metropolitan Utilities District of Omaha to provide to my/our management company named above all access to my/our account including, but not limited to, the establishment or termination of the account, negotiation of any required security deposit, all billing information as may be pertinent and to make changes to our customer information. I/We agree to be bound by any decision made by the management company with the Metropolitan Utilities District of Omaha as if I/we had personally provided said information or entered into said agreement. The party signing this agreement has the authority to bind the property owners. This authorization to allow the performance of my/our management company shall continue until I/we give written notice to the Metropolitan Utilities District of Omaha.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Owner E.I.N. or S.S.N \_\_\_\_\_ Title \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_ Print Name \_\_\_\_\_

Statement Mailing Address \_\_\_\_\_ Owner's Address \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_

ACKNOWLEDGMENT

STATE OF NEBRASKA     )  
  ) ss  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public