



**REQUEST FOR NOTIFICATION OF SERVICE CHANGES TO RENTAL PROPERTIES**

I request the Metropolitan Utilities District of Omaha (M.U.D.) provide me with information regarding service changes occurring to the properties whose addresses are listed on the following page. I verify that I am the owner of the properties or the authorized agent of the owner and have a valid business interest in such information. I will not use the information for any purpose other than in relation to my business relating to the properties. I will not provide the information to any person not related to my business. I will immediately notify M.U.D. if I end my ownership of any of the properties, or I am no longer an agent of the owner. I release M.U.D. from all liabilities that may arise from M.U.D.'s release to me of this information. I indemnify M.U.D. from all claims made that may arise from providing me this information.

I understand that the information provided shall be limited to any changes in names of the customer of record, including when the services are to be placed in the owner's name or owner's agent's name, and to when services are terminated by me, by the current customer of record or for nonpayment of any past due amount owed to M.U.D. I acknowledge that I will be charged a fee for this service that will be applied to the appropriate account whenever the account is placed in my name or my agent's name.

I understand that M.U.D. will endeavor to make the information in this request available; however, unintentional errors or omissions may occur for which I further release M.U.D. from any liabilities that may arise from such errors or omissions and indemnify M.U.D. from all claims related thereto.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

If I am an agent, my Principal is:

\_\_\_\_\_  
Owner's Printed Name

Name: \_\_\_\_\_

\_\_\_\_\_  
Phone Number(s)

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
E-mail Address

**ALL PROPERTY ADDRESSES WITH LEAVE ON AGREEMENTS WILL  
BE INCLUDED UNDER THIS REQUEST:**  
(Attach sheet if additional space is needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
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or fax to 402-504-7016