## **Affidavit of Landlord**

and 7.17.3.3.2, Steps for Removal of a Switch Hold for Deferred Payment Plans for Purposes	1 0
Electric Service Identifier (ESI ID):	-
Premise/Service Address:	-
Premise City, State, Zip Code:	
Premise Occupancy Date:	-
Landlord Name/Title:	
Landlord Mailing Address:	_
Landlord City, State, Zip Code:	
Landlord Telephone Number (daytime):	
New Occupant Full Name*:	
New Occupant Mailing Address*:	
New Occupant City, State, Zip Code*:	
New Occupant Telephone Number*:	

\*Populate with VACANT if property is vacant and the landlord is establishing service in their name.

## AUTHORIZATION

I affirm that I am the landlord to the above Service Address and I am not associated with the previous occupant. I am confirming that the occupant listed above is not associated with the previous occupant for which the switch hold was applied.

(Landlord Signature)	(Name, printed)
(Date signed)	
State of Texas County of	Date Notarized
This instrument was acknowledged before me on _	by (name or names of persons) appearing before me.
(Personalized Seal)	Notary Public's Signature
My commission expires:	

Reference: Sections 7 16 4 3.2. Steps for Removal of a Switch Hold for Meter Tampering for Purposes of a Move in.