Dayton Power & Light
Multiple Landlord Agreement Application

Billing Name	**Phone #**
Contact Person	**Phone #**
Mailing Address:	
Do you want this agreement in effect all year? Yes No	
Do you want this agreement in effect just in the winter (Nov. 1 through Apr. 15)? Yes No	
Do you want notification if service is going to be disconnected ? Yes No	

(Please list each apartment number. Do not put; example 1-6.)

Address	Apt #	City

Please return by
Fax (937)331-4990 (no cover letter needed)
E-mail 4housingmanagers@dplinc.com