

## Change of Service Provider

### Authorization Form

Property Owner		
Site Address		
Contact Phone	Pod #	RTU #/UL #

Fill this form out completely, have it signed by the Homeowner, and fax to 1-541-459-2884

Previous Service Provider: \_\_\_\_\_

New Contract Start Date:

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
New Service Provider Company

\_\_\_\_\_  
New Service Provider Signature

\_\_\_\_\_  
Date

As the homeowner, you acknowledge that you are not under contract with any other Authorized Service Provider as of the "New Contract Start Date," noted above.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date