LANDLORD AUTHORIZATION FORM

CITY OF LYONS
PRIDE of the TRAIL

201 WEST MAIN • P.O. BOX 808 • LYONS, KS 67554
PHONE (620) 257-2320 • FAX (620) 257-3743 • WEBSITE: LYONSKS.ORG

LANDLORD INFORMATION

PROPERTY OWNER:	**DATE:**
CONTACT PERSON(S):	**UTILITY ACCT #:**
LANDLORD ADDRESS: STREET	
CITY	STATE ZIP
LANDLORD PHONE:	**LANDLORD EMAIL:**
PREFERRED METHOD OF CONTACT: ☐ **phone** ☐ **email** ☐ **other:**	

PROPERTY(S) INFORMATION

Rental Properties Addresses	Premise #	Leave Utilities On			
		Yes	✓	**No**	✓
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	

By signing this form, the City of Lyons is hereby authorized to take the above listed action(s) at the specified address(es) when a tenant moves out of the property or the utilities are disconnected for non-payment. By leaving the services connected, the property owner will be billed for all usage and any applicable charges. It is recognized that if any changes are needed to this form, a NEW landlord authorization form must be filled out and will replace the previous form on record. The City of Lyons will give a 24 hr. notice before switching utilities to the Landlords Account. I understand that the preferred method of contact above will be used.

Authorizing Agent:	**Signature:**