



1201 N Townline Road
LaGrange, IN 46761
PH: (260)463-3241
Fax: (260)463-8732

Landlord Agreement

_____ as landlord / property owners in the Town of LaGrange, request that when the account becomes delinquent or if that delinquent balance is more than \$100.00 (or total Customer Deposit on file) ask that the service be discontinued until paid. I understand that I will receive delinquent notices showing the above on or around the 13th of the month.

Further, I agree to notify the Town of LaGrange if the property is sold or any change of ownership of the listed properties.

Name: _____ Date _____

Mailing Address _____ Contact # _____