



# Landlord Notification Form

## Landlord Information:

First Name:	Last Name:
-------------	------------

## Mailing Address:

Street:		
City:	State:	Zip Code:

## Home Address:

Street:		
City:	State:	Zip Code:

## Phone Numbers:

Business:	Cell:
-----------	-------

## Social Security Number OR Tax I.D. Number:

--

## Company Name/Doing Business As:

Name:
-------

Below, please provide the required account information for each property and indicate the notification program (1 – Full, 2 – Regular, 3 – Limited) you’re enrolling each property in.\*

Address	Account Number	Meter Number	Notification Program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* While New Jersey Natural Gas (NJNG) will provide appropriate notification to a residential landlord enrolled in this program, NJNG assumes no responsibility for, and is not liable for, any losses or damages resulting from a discontinuation of natural gas service. Please contact NJNG if you sell your property(ies), so we can remove you from the program.

We cannot enroll you in the program unless the form is dated and signed, and ALL requested information is provided; the form will be returned to you if it is incomplete. Please return the completed form to:

Email – CustomerService@njng.com | Fax – 732-869-1479 | New Jersey Natural Gas, 633 Lake Avenue, Asbury Park, NJ 07712