



SOUTHERN CALIFORNIA
EDISON

An EDISON INTERNATIONALSM Company

AGREEMENT FOR CONTINUITY OF ELECTRIC SERVICE
(Owner Authorization Agreement)

Dear Customer,

Thank you for requesting the application for an Owner Authorization Agreement. Please list below the service addresses you wish included in the Agreement:

Please be specific in listing the addresses and units requested. Only use a dash (-) if the units or addresses are consecutive (e.g., 101-299 Sample St. Units A-Z). If the addresses are not consecutive, please list each one individually. Please indicate if each property is a home, condominium, or apartment complex. (PLEASE PRINT)

ADDRESS	UNIT #'S	CITY	<input type="checkbox"/> Home	<input type="checkbox"/> Condo	<input type="checkbox"/> Complex
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

I understand this agreement authorizes Southern California Edison (SCE) to *automatically* place electric service in my name for the unit/units listed above when my tenants request service to be taken out of his/or her name. I am aware that SCE will waive the next day Service Establishment fee that would normally be charged to begin service in my name for the next business day. I understand all units in an apartment and/or business complex will be subject to this agreement. **I further acknowledge full responsibility for the billings when service is automatically placed in my name, as set forth above, until service is applied for by the new tenant or owner. This agreement will remain in effect until notice withdrawing this Authorization by either party.** Either party is defined as SCE's Owner Authorization department, the SCE customer signing this agreement (yourself as the property owner) and/or your authorized agent who has signed below in addition to yourself as the customer of record. I understand that I may *not* cancel then reinstate a unit or units due to a *difficult tenant situation*. Once a request for cancellation is made, it shall *remain* cancelled. I understand all units in an apartment complex will be cancelled in their entirety.

Name: _____ Social Security # and/or Tax ID# _____
 DBA: _____ Check one: _____ Individual
 ("Doing Business As" if applicable) _____ Corporation
 _____ Partnership
 _____ LLC

Name _____ Address: _____ Ph: (____) _____ - _____
 Name _____ Address: _____ Ph: (____) _____ - _____

Telephone number of Owner, Officer, or Partner where contact can *normally* be made:
 (____) - ____ - _____ Extension: _____

Mailing Address for your Accounts Payable office: (PLEASE PRINT)

If you are an authorized representative for the SCE customer of record, you are required to sign below in addition to the SCE customer of record.

Signature: _____ Date: _____
 (SCE customer of record)
 Signature: _____ Title: _____ Date: _____
 (Authorized representative)

Please complete, sign, date and return in the enclosed envelope or fax to the number listed below. Thank you.

SCE O/A DEPARTMENT P.O. BOX 6400 RANCHO CUCAMONGA CA 91729 or Fax 909-942-8339