



Powering Communities – Empowering Members

P.O. Box 520 • Sikeston, Missouri 63801
573-471-5821 • 1-800-813-5230
gosemo.com

**Landlord / Tenant Agreement
For Residential Rental Units**

Meter Number _____

Service / 911 Address: _____

Owner Info: Last Name: _____ First Name: _____ MI: _____

DBA: _____ DOB: _____

Phone #: _____ Cell: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if Different: _____

City: _____ State: _____ Zip Code: _____

Landlord / Property Manager Agreement: As the landlord and or the property manager for this service address, I accept responsibility for the notification to SEMO Electric Cooperative for any changes in occupancy, including coordinating with the tenant when the tenant is moving in and/or out.

Name (Printed): _____ Date: _____

Signature: _____ Email: _____

Phone #: _____ Additional Phone #: _____

New Tenant Information: Date to start service: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address (if different than service address): _____

Spouse, Significant other, roommates? If so, please specify and provide the following: _____

Last Name: _____ First Name: _____ MI: _____

Phone #: _____ Additional Phone #: _____