

NMGC
Attention: Landlord Standby Department
PO Box 97500
Albuquerque, NM 87199-7500
Phone: (888) 664-2726



New Mexico
GAS COMPANY

**LANDLORD STANDBY
NMGC AUTHORIZATION OF 2ND PARTY**

I _____ said owner(s) of the property located at
(Please Print)

(Street number and name also include all units associated with said property(ies).)
_____, _____
(City) (State) (Zip Code)

Give authorization to _____
(Name of Representative/Agent/Management Company)
to handle my NMGC gas account(s) on my behalf.

Name of Representative and/or Company _____
Mailing address _____
City _____ State _____ Zip Code _____
Phone number _____ Fax number _____
Email address (if applicable) _____

Owner Name(s) (printed) _____
Mailing address of owner _____
City _____ State _____ Zip Code _____
Home phone number _____ Fax number _____
Email address (if applicable) _____
Social Security Number(s) or
Federal Tax ID Number _____

Signature of Owner

Second Owner Signature
(if applicable)

(Representative and/or Acting Agent)
(please print)

(Signature of Representative and/or Acting Agent)