

## North Alabama Gas District

P O Drawer 2590  
Muscle Shoals, Al 35662  
256-383-3306 Fax 256-386-0627

P O Box 1428  
Madison, Al 35758  
256-772-0227 Fax 256-772-8098  
www.nagd.com

P O Box 847  
Town Creek, Al 35672  
256-685-2708 Fax 256-685-1888

## RENTAL VERIFICATION FORM

I, \_\_\_\_\_, own property located at  
(Owner of Property)  
\_\_\_\_\_, which I rented to \_\_\_\_\_  
(Address of Property)  
\_\_\_\_\_ on \_\_\_\_\_.  
(Name of Renter) (Date – M/D/Y)

.....  
**I hereby verify this fact and authorize NORTH ALABAMA GAS DISTRICT to connect and supply utilities to said property. I certify that this residence meets the building codes of Alabama and therefore is habitable and safe for Utilities connection.**  
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The LAST person to rent this dwelling was: \_\_\_\_\_  
.....

## LANDLORD INFORMATION

Signature of Landlord or Manager \_\_\_\_\_

Mail address of Landlord: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_