NEW MEXICO GAS COMPANY
Attn: Landlord Standby Dept.
P.O. Box 97500
Albuquerque, NM 87199-7500

LANDLORD STANDBY AUTHORIZATION FOR THIRD PARTY

I, _____, owner(s) of the Property located at
(Print Full Name)

_____
(Street Address(es) and All Units Associated with the Property)

_____
(City) (State) (Zip Code)

do hereby give authorization to _____ to manage
(Name of Representative/Agent/Management Company)

my account(s) with New Mexico Gas Company on my behalf.

Name of Representative/Agent/Management Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

Owner's Name _____
(Print Full Name)

Mailing Address of Owner _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

_____ _____
Signature of Owner Second Owner Signature (if applicable)

_____ _____
Representative or Acting Agent (print) Signature of Representative or Acting Agent