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Comfort Quality Trust

2011

Tenant Landlord Work Authorization Agreement

Available for the visit

I understand that my tenant will be available for the visit
 I will be available for the visit

Decision Making

I am authorizing my tenant or other family member to make any and all decisions regarding repairs and maintenance on my heating/cooling or plumbing systems.

I will be available via phone to make all decisions related to visit on _____. If I am not available when called I understand that I will be charged a diagnostic fee for the visit. The technician will not be able to complete work and another appointment will be necessary with possible other charges.

Payment

I authorize you to charge my Mastercard/Visa for the visit on _____.

I authorize my tenant or other family member to pay for the visit on _____.

Landlord Name: _____ **Signature:** _____

Location Address: _____ **City:** _____ **State:** _____

Date: _____