

OWNER/MANAGER AUTHORIZATION FORM

l,	, own/manage property located		
at			
ty"). Please fill this form out in regards to the). Please fill this form out in regards to the address in question along with the enclosed form if there are multiple ad-		
dresses you would like to give permission to p	articipate. If multiple address please includ	e all unit numbers with address.	
As the owner/manager of the Rental	Property, I authorize the tenant(s)	of the Rental Property to	
participate in PNM Power Saver Prog	gram and I authorize PNM or its au	thorized representative to	
access the Rental Property in order t	o install, maintain, or inspect the ne	ecessary direct control	
equipment – DCU – for the air condit	ioning unit(s) serving the Rental Pr	operty. I represent that I	
have the legal authority to provide su	ch authorization.		
I UNDERSTAND the work will be pro	vided at no cost to the owner/man	ager or tenant(s).	
I UNDERSTAND that I am to notify F	'NM Power Saver Program within 2	24 hours of any and all	
tenant(s) move-out or move-in.			
I UNDERSTAND that tenant's and ov	wner/manager's participation in this	s program is voluntary and	
that PNM may modify or terminate th	e program at any time.		
I UNDERSTAND that PNM is not the	manufacturer of the DCU and PNI	M makes no representa-	
tions as to the safety, reliability, and	or efficiency of the DCU. I also un	derstand that PNM makes	
no warranty, whether express or impl	ied, including warranty of merchan	tability or fitness for any	
particular purpose, use or application	of the DCU or any installation the	reof.	
I have read this authorization form ar	nd understand its terms. I am exect	uting this authorization	
form voluntarily.			
Property Owner's Signature Date	Co-Owner's Signature	Date	
Property Owner's Address	Property Owner(s) Phon	e Number	
Please fax completed form to 800-441-1044 or email to customercare@itron.com or mail to			

PNM Power Saver Program - 6100 4th Street NW- Box 417, Albuquerque, NM 87107.