



UTILITIES SET-UP AND TRANSFER AGREEMENT



DATE _____ PROPERTY NAME / NUMBER _____
 RESIDENT NAME(S) _____

 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 MOVE-IN DATE _____ **SAMPLE** _____

IMPORTANT-READ CAREFULLY!

It is our policy to require all incoming residents to personally contact the utility company(ies) to advise them of start-up of service. The utility company(ies) will also be notified to remove the property name from the temporary service as of the date of planned move-in. **If you fail to contact them, you will have an interruption of service. You will be held responsible for the bill from the date you move in.**

When you contact the utility company and make service arrangements, please obtain your new account number and list it below for Owner/Agent's records. Please return this sheet with the information. If the new account numbers are already filled in when you receive this form, please verify them before signing. **Without exception, this completed document will be required before your keys can be issued.**

The following information may be helpful in making contact:

UTILITY COMPANY	PHONE	NEW ACCOUNT # (IF BLANK, INCOMING RESIDENT FILL IN)
SAMPLE	SAMPLE	SAMPLE
SAMPLE	SAMPLE	SAMPLE
SAMPLE	SAMPLE	SAMPLE
SAMPLE	SAMPLE	SAMPLE
SAMPLE	SAMPLE	SAMPLE
SAMPLE	SAMPLE	SAMPLE

Your efforts to take care of this matter in a timely way will greatly assist in the move-in process.

<input checked="" type="checkbox"/> SAMPLE RESIDENT	SAMPLE DATE		
<input checked="" type="checkbox"/> SAMPLE RESIDENT	SAMPLE DATE	<input checked="" type="checkbox"/> SAMPLE OWNER/AGENT	SAMPLE DATE
<input checked="" type="checkbox"/> SAMPLE RESIDENT	SAMPLE DATE	SAMPLE ADDRESS	
<input checked="" type="checkbox"/> SAMPLE RESIDENT	SAMPLE DATE	TELEPHONE	
<input checked="" type="checkbox"/> SAMPLE RESIDENT	SAMPLE DATE	EMAIL	
<input checked="" type="checkbox"/> SAMPLE RESIDENT	SAMPLE DATE		