

UTILITIES SET-UP AND TRANSFER AGREEMENT



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				·	
DATE	PROPERTY NAME / N	IUMBER			
RESIDENT NAME(S)					
UNIT NUMBER	STREET ADDR	ESS			
			STATE	ZIP	
MOVE-IN DATE			OIALE	Δ11	
WOVE-IN DATE	<u> </u>				
IMPORTANT-F	READ CAREFULLY!				
) to advise them of start-up of service.	
				rary service as of the date of planned	
•		ill have an interri	uption of service. You will b	e held responsible for the bill from	
the date you mov	e in.				
When you contact	the utility company and m	nake service arran	gements, please obtain vour	new account number and list it below	
				nt numbers are already filled in when	
				ed document will be required before	
your keys can be		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The following inform	mation may be helpful in	making contact:			
UTILITY COMPAN	Υ	PHONE	NEW ACC	OUNT # (IF BLANK, INCOMING RESIDENT FILL IN)	
SAMPLE		SAMPLE	SAMPLE		
SAMPLE		SAMPLE	SAMPLE		
SAMPLE		SAMPLE	SAMPLE		
SAMPLE		SAMPLE	SAMPLE		
SAMPLE		SAMPLE	SAMPLE		
SAMPLE		SAMPLE	SAMPLE	SAMPLE	
Vour offerts to take	core of this matter in a t	imoly way will gro	atly assist in the move-in pro	0000	
Tour enorts to take	care or triis matter in a t	inlery way will grea	ally assist in the move-in pro		
SAMPLE		SAMPLE			
X RESIDENT		DATE			
SAMPLE		SAMPLE	SAMPLE	SAMPLE	
RESIDENT		DATE	X OWNER/AGENT	DATE	
SAMPLE		SAMPLE			
X			SAMPLE		
RESIDENT SAMPLE		SAMPLE	ADDRESS		
X					
RESIDENT		DATE	TELEPHONE		
SAMPLE X		SAMPLE			
RESIDENT		DATE	EMAIL		
SAMPLE X		SAMPLE			
RESIDENT		DATE			