

Utilities and Services Information



(Check all that apply)

Homeowner's Association Dues Annually _____ Dues Monthly _____

Services provided by the association: _____

Contact person for the association:

Name: _____ Address: _____ Phone Number: _____

Current Homeowner's Insurance Company _____

Flood Insurance N/A _____

Do you have a survey for your home? Yes No Have there been any permanent changes to the exterior to your home?
(Patios, fence, etc.) _____

Special Tax /Road Assessments _____

Alarm System: Yes No Owned or Leased : _____

Central Water- Company Name: _____ Phone Number: _____

Private Well Average Monthly Bill: _____

Water heater: Tank Tankless Gas or Electric: electric

Water Softener: Yes No Owned or Leased : _____

Natural Gas- Company Name: _____ Phone Number: _____

Average Monthly Bill: _____ Water Heater Range Dryer Central Heat

Outdoor Grill Pool

Sewer Septic Last Pumped: _____

Number of A/C Units : 1 Age of Unit (s) _____

Electric - Company Name: _____ Phone Number: _____

Average Monthly Bill: _____

Age of Roof: 2017 Solar Panels Owned Leased Balance : _____

Transferrable Warranty Paid Off At Closing

Cable Satellite -Company Name: _____ Phone Number: _____

Internet company: _____ Phone Number: _____

Termite Bond - Company Name: _____ Phone Number: _____

Trash Pickup Recycling - Company Name: NONE Phone Number: _____

Landscaping - Company Name: _____ Phone Number: _____

Average Monthly Bill: _____

Pool Service - Company Name: _____ Phone Number: _____

Average Monthly Bill: _____