SELLER UTILITY CHECKLIST

According to contract, utilities must be left active until closing

ADDRESS: 1515 N. County Line Rd. E.

ELECTRIC COMPANY: _____ Monthly AVG: _____
Acct #/Meter # _____ Phone #: _____

WATER COMPANY: _____ Monthly AVG: _____
Acct #: _____ Phone # _____ Transfer Fee: _____

GAS COMPANY: _____ Monthly AVG: _____
Acct #: _____ Phone #: _____

PROPANE COMPANY: _____ Phone #
Owned ___ Leased ___

TRASH SERVICE: _____ Trash Day _____
Phone #: _____

Internet Provider: _____ Monthly AVG: _____

Phone #: _____ **NOTE Seller is responsible for returning modem**

Security System: _____ Monthly AVG: _____

Phone #: _____ # of Cameras: 3

HOA: N/A Dues _____

President: _____ Phone _____

Homeowners Insurance Company _____ Annual Premium Amount: _____

Septic Tank?: Yes What kind? (aerobic) lateral lines, etc) _____

Date of Last Pump: _____ Where is it located on property?