MULTIFAMILY NW
The Association Promoting Quality Rental Housing

UTILITIES SET-UP AND TRANSFER AGREEMENT

EQUAL HOUSING OPPORTUNITY

DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____ _____

_____ _____ _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLANNED MOVE-IN DATE SAMPLE ACTUAL MOVE-IN DATE _____

IMPORTANT–READ CAREFULLY!

Dear Prospective Resident:

Thank you for your application. This agreement will pertain to you after your application has been approved. 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. **Without exception, this document will be required before your keys can be issued.**

The following information may be helpful in making contact:

UTILITY COMPANY	**PHONE**	**NEW ACCOUNT #** (YOU FILL IN)
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.

X _____ _____
RESIDENT DATE

X _____ _____
RESIDENT DATE

X _____ _____
RESIDENT DATE

X _____ _____
RESIDENT DATE

X _____ _____
RESIDENT DATE

X _____ _____
RESIDENT DATE

X SAMPLE SAMPLE
OWNER/AGENT DATE

SAMPLE
AGENT

SAMPLE
ADDRESS

SAMPLE
TELEPHONE

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

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SAMPLE