



UTILITY INFORMATION

Average utility bills for the last 12 months (estimated from Sellers' records)

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ELECTRICITY: _____ **MONTHLY AVERAGE:** _____

Provider Name: _____ Phone Number: _____

Address: _____

GAS: _____ **MONTHLY AVERAGE:** _____

___ Natural Gas ___ Propane If Propane: ___ Owned ___ Leased

Provider Name: _____ Phone Number: _____

Address: _____

WATER: ___ City ___ Co-Op ___ MUD ___ Well **MONTHLY AVERAGE:** _____

Provider Name: _____ Phone Number: _____

Address: _____

SEWER: ___ City ___ Septic **MONTHLY AVERAGE:** _____

Provider Name: _____ Phone Number: _____

Address: _____

TRASH: _____ **MONTHLY AVERAGE:** _____

Provider Name: _____ Phone Number: _____

Address: _____



EXCLUSIONS, AUDIO/VIDEO SURVEILLANCE & ALARM INFORMATION

EXCLUSIONS: i.e. drapes, rods, TV mounts, play set, A/V equipment, attached items, etc

AUDIO/VIDEO SURVEILLANCE:

Is there Audio/Video surveillance? Yes No

Does the surveillance equipment stay with the property? Yes No

If yes, describe in detail: _____

ALARM SYSTEM:

Do you have an alarm? Yes No

If yes, do you own or lease equipment? Owned Leased

Is there a contractual commitment? Yes No

Details of contract: _____

Leasing Co. Name: _____ Phone Number: _____

Address: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____