

Utilities Information Sheet

Property _____

_____ # of family members currently occupying home

Electric: Supplier: _____ Phone: _____
AVERAGE monthly bill: \$ _____ Budget Plan? Yes No

Natural Gas: Supplier: _____ Phone: _____
AVERAGE monthly bill: \$ _____ Budget Plan? Yes No
If natural gas isn't an energy source in your home, is it available for hook-up? Yes No Not Sure

Fuel Oil: Supplier: _____ Phone: _____
AVERAGE monthly bill: \$ _____ Budget Plan? Yes No

Furnace: Is there a service contract? Yes No
If yes, Supplier: _____ Phone: _____

Water: Public? Yes No Average Bill: \$ _____ Monthly Quarterly
Supplier: _____ Phone: _____

Sewer: Public? Yes No
Supplier: _____ Phone: _____
If yes, your AVERAGE bill: \$ _____ Monthly Quarterly

Trash: Supplier: _____ Phone: _____
AVERAGE quarterly bill: \$ _____ Do you have choice of suppliers? Yes No

Phone: Supplier: _____ Phone: _____

Cable: Supplier: _____ Phone: _____

Homeowner / Name: _____ Contact Person: _____
Condo Assoc: Fee: \$ _____ Monthly Quarterly

Leased Items: Yes No (IE: propane tanks, water softener, security system, etc.)
If yes, what item(s) & Suppliers(s): _____

Misc: Are there any other service contracts for your home (IE: water softener, pool, etc.)? Yes No
If yes, what item(s) & Suppliers(s): _____

If yes, your AVERAGE bill: \$ _____ Monthly Quarterly Yearly

Are there any warranties covering your home/mechanicals/appliances? Yes No

If yes, please have original paperwork available.

Reserved Items:

| |
|--|
| |
|--|