

Utilities Information Form

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Kunevich & Lau

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            (Resident/Tenant's Name- Please print)

        Apt#\_\_\_\_\_\_\_   at  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City),Massachusetts  \_\_\_\_\_\_\_\_\_\_\_\_ (zip code)

        Move-In Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lease Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           From             To

Re:   Utilities Information

        This confirms the transfer of the following utility/ies:

**NSTAR**account to   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                    (Name/S given to NSTAR- please print)

        with account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  as of    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                (1234-123-1234)                                Date- month/day/year)

**National Grid** account to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                    (Name given to NATIONAL GRID)-please print)

with account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (12345-12345)                                   as of   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.(Date- month/day/year)

I understand that it is my financial obligation to keep my accounts current during the term  of my lease. At the end of my lease, it is my responsibility to cancel the above stated services and shall settle any outstanding balances with the corresponding utility company.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Resident/Tenant

Signed this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_ 20\_\_\_,

Received by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Company Representative