

UTILITIES FORM

GAS

Name: Reference No:

Address: Telephone No:

ELECTRICITY

Name: Reference No:

Address: Telephone No:

WATER

Name: Reference No:

Address: Telephone No:

COUNCIL TAX

Name: Reference No:

Address: Telephone No:

TELEPHONE

Name: Reference No:

Address: Telephone No:

I/We confirm that all meters will be read upon completion and I/we shall not apply for disconnection prior to completion.

Signed.....

Dated.....