

TENANT MOVE-IN INFORMATION

Your New Address: _____

EMERGENCY PHONE NUMBERS

POLICE 911
FIRE 911
AMBULANCE 911

UTILITIES

Gas Company
Electric Company
Telephone Company
Cable Company

SCHOOLS

Elementary:
Junior High:
High:

Property Manager:

Office Hours:

WATER SHUT OFF IS LOCATED
ELECTRIC SHUT OFF IS LOCATED
GAS SHUT OFF IS LOCATED

Other Important Information:

