



Utilities Account Verification

Property Address: _____

New Resident(s): _____

ELECTRIC ACCOUNT VERIFICATION

Company: _____

Account Number: _____ Date of Activation: _____

GAS ACCOUNT VERIFICATION

Company: _____

Account Number: _____ Date of Activation: _____

WATER/SANITATION ACCOUNT VERIFICATION

City/Company: _____

Account Number: _____ Date of Activation: _____

Please set up your utilities for your move-in date, as they will be turned off.

**PLEASE FAX OR EMAIL THE COMPLETED FORM TO
817-200-7982 OR leasing@GLpropertymanagement.com**