



AD ASTRA REALTY

Utility and Insurance Confirmation Form

Tenant: _____

Property Address: _____

Move IN Date: _____ Leasing Agent: _____

Circle the required utilities: GAS WATER ELECTRIC TRASH SEWER INSURANCE ALARM

Utility Company: _____ Turn ON Date: _____

Confirmation or Account Numbers: _____

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Confirmation or Account Numbers: _____

Office Use Only->

Utilities Confirmed by: _____ Date Confirmed: _____