



## Utility Activation Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Arlington Heights, IL 60004

This form is to verify that I have had the utilities put in my name. I have also obtained Renter's Insurance.

### Utilities

Nicor Gas Account # \_\_\_\_\_

Commonwealth Edison Account # \_\_\_\_\_

Water, sewer and trash will be set up by the management office in my name.

### Renter's Insurance

Renter's Insurance Policy # \_\_\_\_\_

**(Please attach a copy of the policy)**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Agent name/number: \_\_\_\_\_

**I understand that keys will not be released to me until I have this information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent for Owner