



Property Management Activity Form

Submitted by: _____ Date: _____

Property Management Name: _____

Please use this sheet when requesting utility service transfers to/from the property management firm's name.

NOTE: WE REQUIRE A TWO BUSINESS DAY NOTICE – IF SAME DAY SERVICE IS REQUIRED A FEE WILL BE CHARGED.

Property Address / Apt. #	Service to be in Company Name of	Date for Electric Cut-on	Date for Water Cut-on	Confirmation	Comments

PLEASE RETURN THIS FORM TO EMAIL ADDRESS MOVERS@HAGERSTOWNMD.ORG

Signature of Property Management Representative: _____