

Please list the following companies, monthly bill amounts and phone numbers.

Your listing agent will attach this questionnaire to the listing in the [Canopy MLS](#), and this information will be provided to prospective buyers of your property.

## PROPERTY ADDRESS

Address	City	State	Zip Code
145 Lincoln Park Rd., Unit G. Burnsville, NC 28714			

## ELECTRIC

Provider	Low \$	High \$	Phone
French Broad Electric	93	200	

## GAS/PROPANE

Provider	Low \$	High \$	Phone

## WATER

Town/City of	Low \$	High \$	Phone
Burnsville	50	75	

## SEWER

Town/City of	If septic, how many bedrooms is tank approved for?	# Bedroom(s)	Phone
Burnsville			

## INTERNET

<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	Other <input type="text"/>	Phone <input type="text"/>
<input checked="" type="checkbox"/> Spectrum	<input type="checkbox"/> Windstream		

## CABLE

<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	Other <input type="text"/>	Phone <input type="text"/>
<input checked="" type="checkbox"/> Spectrum	<input type="checkbox"/> Windstream		

## PHONE

<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	Other <input type="text"/>	Phone <input type="text"/>
<input type="checkbox"/> Spectrum	<input type="checkbox"/> Windstream		

## SECURITY SYSTEM

<b>Provider</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>	<b>Note</b>	<input type="text"/>
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## SOLID WASTE SERVICE

<b>Provider</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>	<b>Note</b>	<input type="text"/>
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## OTHER SERVICE PROVIDERS FAMILIAR WITH HOUSE

Such as plumber, electrician, handyman, etc.

## FUEL TANK(S)/FUEL

To the best of seller's knowledge, there  is  is not a fuel tank(s) located on the Property.

If "yes" complete the following:

### Description:

#### Tank 1:

**Use:**  Currently in use  Currently not in use

**Ownership:**  Owned  Leased

If leased, name and contact information of tank lessor:

**Location:**  Above ground  Below ground

**Type of fuel:**  Oil  Propane  Gasoline and /or Diesel  Other:

**Name and contact information of fuel vendor:**

#### Tank 2:

**Use:**  Currently in use  Currently NOT in use

**Ownership:**  Owned  Leased

If leased, name and contact information of tank lessor:

**Location:**  Above ground  Below ground

**Type of fuel:**  Oil  Propane  Gasoline and /or Diesel  Other:

**Name and contact information of fuel vendor:**

## OTHER INFORMATION