



To whom it may concern:

The Utility Concierge LLC/HomeSmart Utilities is acting as an authorized agent chosen by the client listed in the LOA and application form. The client is authorizing HomeSmart Utilities to place orders to activate/deactivate/transfer their utility services with your company at their new physical address.

The customer is aware that there may be deposits for services rendered and if deposits are required, please contact the customer directly to secure those deposits.

If there is further information that you may need, please contact The Utility Concierge LLC/HomeSmart Utilities @ 602 733-5111 or email utilities@hsmove.com.

Thank You for your assistance in this matter.



HOMESMART
UTILITIES

CUSTOMER INFORMATION

(Check one) ACTIVITY TYPE: START _____ STOP _____ TRANSFER _____

SERVICE ACTIVATION DATE _____ DISCONNECT DATE _____

FIRST NAME _____

LAST NAME _____

NEW SERVICE ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PREVIOUS SERVICE ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

BEST TELEPHONE NUMBER TO CALL _____

EMAIL ADDRESS _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ ISSUE STATE _____

EMPLOYER: _____

WORK PHONE: _____

TITLE COMPANY NAME _____

ESCROW # _____

ESCROW COMPANY CONTACT # _____

CUSTOMER E-SIGNATURE: _____ DATE _____

CITY OF PHOENIX WATER DEPT ONLY: 4 DIGIT PIN # _____

(Email completed application to utilities@hsmove.com or Fax to (602) 733-5110)



HOME SMART UTILITIES

By signing this authorization, the Customer signed below hereby authorizes HomeSmart [Utilities Concierge, LLC dba Utility Porter], an Arizona LLC ("UCL"), to act on the behalf of the Customer for the purpose of activating, disconnecting, and/or submitting payment for the following services at the personal residence of the Customer.

Located at (address) _____

(Choose all that apply) (List current providers and account #'s if transferring services)

(In a contract?)

<input type="checkbox"/> Telephone	Provider Name _____	Account # _____	Y___ N___
<input type="checkbox"/> Cable TV	Provider Name _____	Account # _____	Y___ N___
<input type="checkbox"/> Satellite TV	Provider Name _____	Account # _____	Y___ N___
<input type="checkbox"/> Water	Provider Name _____	Account # _____	Y___ N___
<input type="checkbox"/> Electric	Provider Name _____	Account # _____	Y___ N___
<input type="checkbox"/> Gas	Provider Name _____	Account # _____	Y___ N___

UCL shall activate and/or disconnect services consistent with the directions provided by Customer(s) to UCL in its [Account Order], and Customer shall be solely responsible for any and all charges associated with such activation or disconnection. Customer hereby fully releases and discharges UCL from any liability associated with such activation or disconnection.

(Customer Name)

(Date)

To verify identity, many utility companies request a copy of a driver's license. Please attach a copy along with these forms

(Email completed application to utilities@hsmove.com or Fax to (602) 733-5110)