

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
1694 Humpback Mountain Road, Spruce Pine, NC 28777			

ELECTRIC

Provider	Low \$	High \$	Phone
French Broad Electric - \$75/month average in summer			

GAS/PROPANE

Provider	Low \$	High \$	Phone
Best Priced - Full tank has lasted sellers about five years.			

WATER

Town/City of	Low \$	High \$	Phone
n/a - Well Water			

SEWER

Town/City of	If septic, how many bedrooms is tank approved for?	# Bedroom(s)	Phone
n/a - Septic		1	

INTERNET

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

CABLE

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

PHONE

<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	Other n/a - Sellers use cell service.	Phone
<input type="checkbox"/> Spectrum	<input type="checkbox"/> Windstream		

SECURITY SYSTEM

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

Provider	<input type="text"/>	Phone	<input type="text"/>	Note	<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