

Unit Acceptance Form

Please complete this form and return within 30 days of moving into the unit.

Address: _____ Date: _____

Appliances and Equipment Furnished.

___ Refrigerator ___ Range ___ Dishwasher ___ Disposal

___ Softener ___ Window AC ___ Blinds ___ Keys

___ Garage Door Openers Other _____

Please identify and damage to the walls, ceiling floor coverings, blinds, windows, etc...

Occupant

Owner

Please notify utility provider.

City of Pierre - Electricity