



TO: UTILITY PROVIDERS

DATE _____

Please indicate below when the tenant has completed the requirements and established an account with your company.

Thank you,
J & K Real Property Management

TENANT NAME _____ PROPERTY ADDRESS _____

NORTHWESTERN ENERGY (MONTANA POWER COMPANY)
1-888-467-2669

Company Stamp _____

Representative Signature _____

Today's Date _____ Effective Date _____

ENERGY WEST
791-7500 & 1 1st Ave S

Company Stamp _____

Representative Signature _____

Today's Date _____ Effective Date _____

GREAT FALLS WATER DEPARTMENT
727-7660 & Civic Center Building Central Ave & First Street

Company Stamp _____

Representative Signature _____

Today's Date _____ Effective Date _____

MONTANA WATSE SYSTEMS INC 761-2545 & 3201 15th St Black Eagle, MT 59414

Effective Date _____ Representative Signature _____