

TENANT MOVE IN FORM

Please complete this form in its entirety and return to our office prior to your possession date.

Lease Information

Landlord Name:		
Address of Leased Premises:		
City:	Province:	Postal Code:
Move in Date:		
Lease Commencement Date:		

Utilities—Please contact the utility suppliers corresponding with your municipality and complete the following.

Gas

Gas Company:
Meter No:
Date Called:
Effective Date:
Changed into the name of:

Hydro

Hydro Company:
Meter No:
Date Called:
Effective Date:
Changed into the name of:

Insurance

Insurance Company:
Policy No:

Please note, a copy of your Certificate of Insurance in accordance with your lease agreement, must be provided to DSPM prior to obtaining possession of your leased unit. Both the Landlord and Downing Street Property Management Inc. are to be shown on your certificate as Additional Insureds. Please refer to your lease for the full insurance requirements.

I have provided an Insurance certificate to DSPM: **Yes** **No** **Please check one.**