

NOTES:



1902 Zenith Ave., Spirit Lake, IA 51360
Phone: 712-336-2175 Fax: 712-336-3397

Please complete this form and return it to us via **fax** (712-336-3397) or **e-mail** (visit our website at www.lakesphc.com; click on "Cottage Care" and follow the instructions), or in the enclosed, self-addressed envelope **at least TWO WEEKS prior to your departure.**

We will schedule your closing within the next two weeks following your departure. **Be sure to leave your electricity on until we have completed our work or we will not be able to close.**

DEPARTURE DATE: _____

CLOSE WEEK OF: _____

(Monday's date of the week following your departure)

- Turn off heat Leave heat on and set T-stat at: _____ There is no heat source
- Turn electricity off at panel Leave electricity on
- Wash Machine Dishwasher
- Water Heater--If more than one, how many? _____
- Toilet(s)—If more than one, how many? _____
- Ice maker Lake or well pump Water softener Sewage pump
- Water dispenser R.O. System

Please see your cover letter for an explanation of additional charges.

Who is your NG or LP gas provider (if applicable) _____

*****Do you have a rural water provider? If so, indicate which one:**

- ILRW (Iowa Lakes Regional Water (712-262-8847) Osceola Rural Water (712-735-6795)

*****Remember: Your provider requires you to notify them of your departure date*****

Summer Home Location:

Billing Address:

*****Please confirm and note any corrections:**

Phone: _____

e-mail: _____

- Please send **OPENING** letter to:
- Summer address
 - Billing address