



NEW RESIDENT PACKAGE

1. First Name Middle Name Last Name
2. Please choose what services you need:
- | | |
|--|--|
| <input type="checkbox"/> Welcome Orientation | <input type="checkbox"/> Internet and Cable Set-Up |
| <input type="checkbox"/> Electric (AEE) Initial Set-Up | <input type="checkbox"/> Health Insurance Set-Up |
| <input type="checkbox"/> Water (AAA) Initial Set-Up | <input type="checkbox"/> Auto Insurance Set-Up |
3. New physical address in Puerto Rico
4. Do you own or lease this property?
 Own Lease
5. New mailing address in Puerto Rico, if different from the physical address
6. Home phone number Mobile phone number Work phone number
7. Email
8. Social Security number Date of birth Marital Status