|  |  |
| --- | --- |
| eignaskipting |  |
| vegna húsfélagaþjónustu |  |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| **Nafn húsfélags**  |  | **Kennitala** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Númer íbúðar** | **Eigna-hlutfall** | **Hita-hlutfall** | **Aukahlutfall** | **Kennitala eiganda** | **Nafn eiganda** | **Heimilisfang eiganda (ef aðsetur er annars staðar)** | **Póstnúmer.** |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |
|      |      |      |      |       |       |       |      |

Ath. Vinsamlegast sendið allar breytingar inn fyrir 18. hvers mánaðar.

|  |  |  |
| --- | --- | --- |
|       |  |  |
| **Staður og dagsetning** |  | **f.h. húsfélags /undirskrift gjaldkera** |