



Owner Information Sheet

First Name: _____ Last Name: _____

Email Address: _____

Company Name (If applicable) _____

Mailing Address

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Tax ID (for 1099's): _____

In case of emergency: _____

Property Information

Condominium: Single Family:

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Parcel #: _____

Bedrooms: _____

Bathrooms: _____

Sq Feet _____

Amenities

- Air Conditioning
- Balcony
- Disposal
- View
- Garage

- Assigned Covered Parking
- Cable Ready
- Fireplace
- Pool
- Spa

- Assigned Parking
- Dishwasher
- Fitness Center
- Tennis Court
- Washer/Dryer in Unit

Other: _____

Rent: _____
 Security Deposit Required: _____

Home Warranty (Y/N): _____
 Warranty company & policy # _____

*Owner understands our office will make the best attempt to utilize the home warranty program above, however in emergency situations if the response time is not reasonable we will have to call out a contractor to address the issue.

Home Owners Association : _____
 Phone Number: _____

Utilities:
 Electric: _____
 Water/ Sewer: _____
 Gas: _____
 Cable: _____
 Trash: _____

Termite Warranty: YES NO
 Company: _____ Phone: _____

Keys:
 Front Door: _____ Garage Remotes: _____ Pool: _____
 Gate Code: _____ Gate Remotes: _____ Mailbox: _____

Pets: **Yes No** Limitations: _____

E-CHECK OR MAIL CHECK (circle one)

If E-check complete below:

Bank: _____

Account#: _____

Routing#: _____

Additional Information: