



Bookkeeping Information

OWNER'S ADDRESS: _____

_____ City State Zip

PHONE Home:() _____ - _____ Work:() _____ - _____

Cell: () _____ - _____ Fax: () _____ - _____

EMAIL: _____

PROPERTY ADDRESS: _____

_____ City State Zip

HOMEOWNERS ASSOCIATION: _____

Address: _____

_____ City State Zip

Fee Amount: \$ _____ Due _____

Does your neighborhood have any restrictions the tenants should know about? _____

Insurance:

Insurance Company _____

Policy Number: _____

EMERGENCY CONTACT OTHER THAN OWNER:

_____ Name Relationship Phone