

MANAGEMENT PROPOSAL REQUEST

If you are a property owner interested in professional property management, please take a few moments to complete the following form. Upon receipt of your form, we will contact you to discuss how we can assist you and to provide you with a quote on fees.

| PROPERTY INFORMATION | | |
|---|-------------|--|
| Property Name/Title: | | |
| Property Street Address: | | |
| Property City, State, Zip: | | |
| Number of Units: | | |
| Number of Vacancies: | | |
| Building Age: | | |
| Building Condition: | | |
| OWNER INFORMATION | | |
| Owners Name: (first): | (last): | |
| Mailing Address: | | |
| City, State, Zip: | | |
| Office Phone:(please include area code) | Office Fax: | |
| Home Phone:(please include area code) | | |
| E mail Addraga: | | |