

HIGH TIDE ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Contact Information Sheet

Please take a few moments and fill out the information requested below. This information is for regime business and should we need to reach you in the event of an emergency. Please return by mail, fax or email.

Condominium Property Name: _____ **Unit #:** _____

Owner Name: _____

Mailing address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ **Fax:** _____

E-mail: _____

Emergency contact name: _____

Emergency contact number: _____

Is your home: Owner Occupied _____ Long Term Rental _____ A Second Home _____ An Owner Rental _____

Rental Company & Contact Name: _____

Phone number: _____ Email: _____

Renter Name: _____ Renter Phone Number: _____

PLEASE RETURN TO:

Leann Born

Association Manager / The Gatherings

Leann@hightideassociates.com