

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

SANDCASTLES BY THE SEA

DEAR HOMEOWNER,

IN ORDER FOR US TO BE MORE EFFECTIVE IN MANAGING YOUR PROPERTY, THE FOLLOWING INFORMATION IS REQUIRED;

OWNER NAME: _____

MAILING ADDRESS: _____

LOT #: _____

PHONE #: (HOME) _____

(CELL) _____

(WORK) _____

E-MAIL: _____

EMERGENCY CONTACT: (NAME) _____

(PHONE) _____

1. DO YOU LIVE IN UNIT? Y N
2. DO YOU RENT OUT YOUR UNIT? Y N
 DO YOU RENT SHORT-TERM Y N
 DO YOU RENT LONG-TERM Y N
3. IF YES, DO YOU MANAGE IT YOURSELF? Y N
4. IF NO, WHO IS YOUR AGENT? _____
 MANAGEMENT CO.?
 TELEPHONE #: _____

PLEASE COMPLETE AND RETURN THIS FORM TO HIGH TIDE ASSOCIATES