

# HIGH TIDE

## ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

### BLUFFTON TOWN VILLAGE - COMMERCIAL

DEAR HOMEOWNER,

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

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

UNIT #: \_\_\_\_\_

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
3. IF YES, DO YOU MANAGE IT YOURSELF?    Y    N
4. IF NO, WHO IS YOUR AGENT? \_\_\_\_\_  
MANAGEMENT CO.? \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_

5. LIST VEHICLES AUTHORIZED TO PARK ON THE PROPERTY:

	YEAR	MAKE	COLOR	MODEL	PLATE#	STATE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

**PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN TO:**

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