

# HIGH TIDE

## ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

### BLUFFTON TOWN CENTER - RESIDENTIAL

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
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1.	_____	_____	_____	_____	_____	_____
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2.	_____	_____	_____	_____	_____	_____
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**PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN TO:**

**HIGH TIDE ASSOCIATES**