Real Estate Services • Brokerage • Regime & Association Property Management

Retreat at Grande Oaks Owners' Association

DEAR HOMEOWNER,

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

OWI	NER NAME:				
ADD	RESS: _				
	_				
UNI	Γ#:				
PHO	NE #: (HOME)				
	(CELL) _				
	(WORK)				
E-M	AIL:				
EMERGENCY CONTA		CT: (NAME)			
		(PHONE)			
1	DO VOLLI IVE II	NI LINIUTO XZ	N		
1.	DO YOU LIVE IN		N		
2.	DO YOU RENT (OUT YOUR UNIT?	Y N		
3.	IF YES, DO YOU	J MANAGE IT YOU	JRSELF? Y	N	
4.	IF NO, WHO IS Y	YOUR AGENT?			
	MANAGI	EMENT CO.?			
	TELEPHO	ONE.#·			

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN.

THANK YOU

David Wells
Property Manager
843.686.2241 ext. 104
E-mail – David@hightideassociates.com
Office Hours -- Monday – Friday 9 am – 4 pm
P.O. Box 7665 – Hilton Head Island, SC 29938
Fountain Center
55 New Orleans Road, Suite 211
Hilton Head Island, SC 29928