



Owner Name: _____

Address: _____ City: _____ Zip: _____

Complex/Subdivision Name: _____ Phone: _____

FURNISHED UNFURNISHED

Approx. Square Footage: _____ Built: _____

Parking: Carport Covered Garage

Car Garage: _____

Parking Instructions: _____

Additional / Guest Parking Location: _____

Gate: Card Cost to Replace: _____

Remote Cost to Replace: _____

Mail Box Location: _____

Mail box Number: _____

Breaker Box Location: _____

Water Heater: Gas Electric

Location: _____

List Tenant Keys: _____

GATED COMPLEX OWNERS ONLY:

Name of Complex: _____

HOA Name: _____

How do guests get in Gate? _____

Clubhouse Workout Room Tennis Golf

of Pools _____ # of Tennis _____

Please let us know if pool is not heated

Copy of Rules & Regulations

PLEASE CHECK ALL THAT APPLY

Single Story Upper Lower Town-home

Carpet Swamp Cooler A/C

Dishwasher Yes No

Fridge: Yes No

Fireplace: Yes No Gas Electric

Stove: Gas Electric

Oven: Gas Electric

Cook Top Gas Electric

Furnace: Gas Electric

Patio: Yes No

Washer/Dryer Yes No Hookup: Yes

Washer/Dryer Gas Electric

Garage: Yes No Detached:

Other: _____

UTILITIES OWNER WILL PAY (CHECK ALL THAT APPLY)

Water: Gas:

Trash: Cable:

Electric: Gardner

Pool: Internet

Other: _____

Is Heating System Central or Wall: _____

Pets: OK Yes No Dog Cat

Pet Deposit Amount: \$ _____

Owner Special Requests: _____

****If property is furnished, please include a detailed inventory.**

Trash Location: _____ Pick-Up Day: _____

Pest Control Service: _____ Phone #: _____

Pool Service Name: _____ Phone #: _____ Service Days: _____