

NAME: _____ REQUEST DATE: _____	
PHONE: _____ EMAIL: _____ DATE NEEDED: _____	
1. Renter's Name, Address, and Phone Number(s):	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number(s): _____ (H) _____ (W)
2. Landlord's Name, Address and Phone Number(s):	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Fax Number: _____
3. Property Address:	Address: _____ City: _____ State: _____ Zip: _____
4. Authorized Tenants/ Occupants	_____ Primary Resident/Lease Holder _____ Resident/Occupant 2 _____ Resident/Occupant 3 _____ Resident/Occupant 4
5. Other Lease Information:	Effective Date: _____ Lease Term: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly Lease Begins: _____ Lease Ends: _____ Rental Rate: \$ _____ Security Deposit: \$ _____ Rent Late After: _____ Days Late Fee: \$ _____ NSF Fee: \$ _____ Number of Occupants: _____ Number of Keys: _____ Lockout Fee: _____ Dedicated Storage Space: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: _____ Dedicated Parking Space: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: _____ Parking Space Number: _____ Parking Tag Number: _____
6. Management Company's Name, Address and Phone Number: <i>(If not Landlord)</i>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Fax Number: _____