



P.O. BOX 279  
COPENHAGEN, NY 13626

**CLIENT INTAKE FORM**

OFFICE USE ONLY:

REVIEWED BY: \_\_\_\_\_

ROUTE DESIGNATION: \_\_\_\_\_

CLIENT ID #: \_\_\_\_\_

MANAGEMENT APPROVAL: \_\_\_\_\_

NAME

DOB

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

EMPLOYER

PHONE

IF SERVICE ADDRESS IS DIFFERENT FROM MAILING ADDRESS, PLEASE PROVIDE ADDRESS OF PROPERTY THAT IS BEING SERVICED:

PROPERTY STATUS: *(circle on)*

HOME

OFFICE

SEASONAL

RENTAL

IF APPLICABLE - ARE YOU INTERESTED IN SOCIAL MEDIA MANAGEMENT?

YES | NO

HOW DID YOU LEARN / HEAR ABOUT TPM? \_\_\_\_\_

**NOTES / REMARKS:**

**PLEASE CIRCLE OR HIGHLIGHT THE SERVICES YOU ARE INTERESTED IN CURRENTLY, AND POTENTIAL SERVICES IN THE FUTURE:**

MULCHING/DELIVERY	GUTTER CLEANING	WEED CONTROL
SEASONAL LAWN MOWING	SEASONAL SNOW PLOWING	AIRBNB MANAGEMENT
GRAVEL DELIVERY	PRESSURE WASHING	SPRING/FALL CLEANUP
TOPSOIL DELIVERY	DRIVEWAY SEALING	SNOW BLOWING ONLY
GARDEN DESIGN	TOPSOIL DELIVERY	CLEANING RENTAL PROPERTY
HARDSCAPE	SNOW REMOVAL – ROOF	STUMP REMOVAL

OTHER: \_\_\_\_\_

**1. HOW DO YOU INTEND TO PAY FOR SERVICES?**

- a. CREDIT CARD
- b. CHECK
- c. CASH

*\*(IF APPLICABLE - ARE YOU INTERESTED IN AUTOPAY:*

*YES / NO*

*\*\* (IF YES, PLEASE COMPLETE THE ATTACHED FORM UPON SUBMITTING INFORMATION.)*

**2. WHICH OF THE FOLLOWING APPLIES TO THIS PROPERTY?**

- a. OWN
- b. RENT
- c. LEASE
- d. OTHER

**DISCLAIMERS:**

1. TPM WILL ENTER THE GROUNDS TO PERFORM SERVICES WHEN HOMEOWNERS ARE NOT HOME. THIS WILL BE STRICTLY TO PERFORM AGREED UPON SERVICES.
2. WHEN TPM ARRIVES ON SITE WE WILL NOT CHECK TO SEE IF ANYONE IS HOME, WE WILL ENTER THE PROPERTY TO PERFORM SAID SERVICES.
3. TPM ALWAYS TAKE A BEFORE AND AFTER PHOTO OF WORK PERFORMED THAT WILL BE RETAINED IN CLIENTS CONFIDENTIAL FILE. ANY OTHER PHOTOGRAPHY IS STRICTLY FORBIDDEN BY OUR TEAM. PHOTOGRAPHY OF OUR STAFF/TEAM IS ALSO STRONGLY PROHIBITED.

4. TPM OR ITS APPROVED AGENTS WILL NEVER FOR ANY REASON ATTEMPT TO GAIN ENTRY INTO ANY STRUCTURE ON SITE UNLESS HOMEOWNER CONSENT HAS BEEN GIVEN VERBALLY AND/OR IN WRITING.
5. A DEPOSIT (REFUNDABLE) MAY BE REQUESTED WHEN ESTABLISHING SERVICE. DEPOSIT WILL BE HELD AND REFUNDED IN 60 DAYS. FOR MORE INFORMATION, PLEASE INQUIRE WITH A MEMBER OF THE MANAGEMENT TEAM, OR FINANCE MANAGER.

UPON COMPLETION OF THIS INTAKE FORM, PLEASE MAKE CERTAIN TO PROVIDE A COPY OF A CURRENT DRIVERS LICENSE, STATE/FEDERAL IDENTIFICATION, OR OTHER PROOF OF ADDRESS.

BY SIGNING BELOW, I HAVE READ AND UNDERSTAND THE DISCLAIMERS LISTED ABOVE. I ACKNOWLEDGE THAT THIS IS NOT A CONTRACTUAL AGREEMENT AND DOES NOT GUARANTEE SERVICES. THE PURPOSE OF THIS FORM IS TO GATHER THE NECESSARY INFORMATION NEEDED TO CREATE AN ACCOUNT. ALL INFORMATION IS KEPT CONFIDENTIAL IN COMPLIANCE WITH LOCAL, STATE AND FEDERAL LAW.

\_\_\_\_\_  
SIGNATURE (FINANCIALLY RESPONSIBLE INDIVIDUAL)

\_\_\_\_\_  
DATE

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

**PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND EACH LINE OF CONSENT. SIGN FULL NAME BELOW, WITH TODAYS DATE.**

DESCRIPTION	INITIAL
I GIVE PERMISSION FOR TPM AND/OR ITS APPROVED AGENTS TO BE WITHIN THE PERIMETER OF THE PROPERTY TO PERFORM AGREED UPON SERVICES.	
I UNDERSTAND THAT TPM AND/OR ITS APPROVED AGENTS SHALL PERFORM AGREED UPON SERVICES WHILE HOMEOWNER IS OR IS NOT HOME.	
I UNDERSTAND THAT WHILE TPM AND ITS APPROVED AGENTS DO THEIR BEST TO MOW/BLOW DEBRIS AWAY FROM ALL VEHICLES AND STRUCTURES, THERE MAY BE TIMES WHEN DEBRIS BLOWS IN THE DIRECTION OF AND ONTO FORSAID.	
I UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO ENSURE THAT THE SERVICED PROPERTY IS FREE OF EXCESS GARBAGE. (BOTTLES, CANS, PLASTIC, CARDBOARD, ETC.)	
I UNDERSTAND THAT TPM AND/OR ITS APPROVED AGENTS RESERVE THE RIGHT TO REFUSE SERVICES IF THERE IS AN ISSUE OF SAFTEY CAUSING UNSAFE CONDITIONS FOR ONE AND/OR BOTH PARTIES.	
I UNDERSTAND THAT ALL PRICES ARE SUBJECT TO CHANGE, INCREASE OR DECREASE BASED ON THE DISCRETION OF THE SENIOR MANGEMENT TEAM & CHANGING MARKET CONDITIONS.	
I UNDERSTAND THAT TPM IS ABSOLVED FROM ANY FLOWER, PLANT, TREE, OR LAWN DÉCOR DAMAGE.	
I UNDERSTAND THAT WHILE TPM AND ITS APPROVED AGENTS DO THEIR ABSOLUTE BEST TO NOT LEAVE TRACKS, SLIDE MARKS, OR IMPRINTS IN THE LAWN BEING SERVICED – THERE ARE TIMES THAT IT IS OUT OF THEIR CONTROL DUE TO WET CONDITIONS, ETC. AND SHALL NOT BE HELD LIABLE.	

## AUTO-PAYMENT AGREEMENT/CONSENT

I AUTHORIZE TRI-COUNTY PROPERTY MANAGEMENT & ASSOCIATES, LLC TO BILL MY CREDIT/DEBIT CARD FOR SERVICES PERFORMED (IF YES PLEASE COMPLETE ATTACHED FORM):

YES / NO

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Tri-County Property Management to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date