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|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Property Address |
|  |  |  |
| Property Owner Name(s) |  | Client Organization/Company Name |
|  |  |  |
| Client Information |
|  |
|  |  |  |  |  |
| Home Phone | Cell Phone | Email Address |
|  |
| Home / Business Address |
|  |  |  |  |  |
| City |  | Province |  | Postal Code |
|  |
| Type of rental unit |
|  |  |  |
| Currently Tenant Occupied  |  | Current Rental Amount |
|  |  |  |
| Services and Facilities included in basic rent |  | Tenants Responsible for |
|  |  |  |
| Type of Service Required (repair, tenant placement, property management) |  | Availability for Follow-ups (Time of day & day) |
|  |  |  |
| Previous Customer? |  | Referred by |

 |  |  |