OCEANFRONT HOME SERVICES

Client Information Form

Client Information

Client Name: _____ Service Address: _____

Phone Number: _____ City, State, ZIP: _____

Email Address: _____

Primary Residence (if different): _____

Dates Home Will Be Vacant (if applicable): _____

Emergency Contact (Name & Phone): _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

Property Information

Type of Property: ☐ Single-Family ☐ Condo ☐ Townhome ☐ Other _____

Gated Community / HOA Name: _____

Access Instructions (gate codes, lockbox, key location, etc.): _____

Alarm System Info (code, company, contact): _____

Wi-Fi Network & Password (if needed for smart systems): _____

Utility Providers (for emergency contact):

Electric: _____ Water: _____

Gas: _____ Internet/Cable: _____

Service Selection (check services you plan to use)

☐ Home Watch Visits ☐ Concierge Services ☐ Maintenance Coordination

☐ Cleaning / Housekeeping ☐ Vendor Supervision ☐ Vehicle Checks

☐ Storm Preparation ☐ Post-Storm Inspection ☐ Other: _____

Access Authorization

☐ Oceanfront Home Services is authorized to enter the property for inspections, maintenance, and service coordination.

☐ Emergency authorization granted for urgent issues to prevent damage.

Signature: _____

Date: _____