



REQUEST FOR RELOCATION ASSISTANCE

(FOR RELOCATION & REAL ESTATE ASSISTANCE OUTSIDE OUR SERVICE AREA)

ASSISTANCE NEEDED (CIRCLE ONE):
SELLING PURCHASING BOTH

TODAY'S DATE: _____

SALES ASSOCIATE: _____

SALES ASSOCIATE
PHONE: _____

CUSTOMER INFORMATION:

NAME: _____

ADDRESS: _____

ADDRESS: _____

HOME PHONE: _____

(HER) WK PH: _____

(HIS) WK PH: _____

CELL PH: _____

E-MAIL ADDR: _____

CHILDREN (#): _____ (AGES) _____

CITY/AREA DESIRED: _____

PRICE
RANGE: _____

FEATURES DESIRED: BEDROOMS _____ BATHS _____

GARAGE _____ LOT SIZE _____

AGE _____

OTHER

FEATURES/CRITERIA: _____

(NEW) EMPLOYER: _____

EMPLOYMENT TRANSFER DATE: _____

VISIT PLANNED FOR: _____

GENERAL TIMETABLE FOR SELLING/BUYING: _____

OTHER
REMARKS/REQUESTS: _____

Initial Contact Instructions

HAS CUSTOMER AGREED TO BE CONTACTED? _____

WHO IS TO BE FIRST CONTACT? _____

WHEN: _____

WHERE: _____

Please give this information to the Relocation Department
by phone, fax, or email.