Owner/Property Information Form

Are you an existir Yes	ng client of DMR? No	If yes, Who is your Manager?			If no, How did you hear about DMR?	
Owner Informatio						
	···		Owne	er 1		
Owner Name (Primary Contact)				Email Address		
Full Mailing Address (No PO Box)					City, State Zip	
Home Phone (Preferred)		Mobile Phone (Preferre		erred)		Fax Number
		Owner 2	(Spous	e or P	artn	er)
Owner Name (Primary Contact)				Email Address		
Full Mailing Address (No PO Box)				City, State Zip		
Home Phone (Preferred)		Mobile Phone (Prefer		rred)		Fax Number
Owner 3 (Partner)						
Owner Name (Primary Contact)				Email Address		
Mailing Address (No PO Box)				City, State Zip		
Home Phone (Preferred)		Mobile Phone (Preferre		erred)		Fax Number
Property Informa	ation:					
Property Address				City, State Zip		
Gate Code: Mail Box #: Location of Mail Box:						
Home Warranty Information – Must Provide Copy of Contract						
Home Warranty (•				
Home Warranty Address				City, State Zip		te Zip
Contract Number: Phone Number:						
	Home Own	ers Insurance Infor	rmation	– Mus	st Pr	rovide Declarations Page
Insurance Provider:				Policy Number:		
Contact Name:				Contact Phone Number:		
	rent Tenant Infori	mation – Must Prov	vide All	Tenan	t Do	ocuments (Lease, Application, Etc.)
Tenant (s) Name						
Tenant Phone Nu	Tenant Email ad	Tenant Email address				
Lease Expiration Date: Rent An			nount: S		Security Deposit Amount:	
Special Instructions / Preferred Vendors						