

New Client: Property Management Services Form

Owner(s): Please complete a form for each property/address and return to Parks Property Management

Property Name (If any): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Owner 1 *Information is required only once if additional properties are managed. Use "NA" for fields that don't apply*

Full Name: _____

Db/a/or LLC: _____

Date of Birth: ___/___/___ Tax or EIN: _____ SSN: ___-___-___

INFORMATION NEEDED TO ACT ON YOUR BEHALF FOR ITEMS SUCH AS CONVERTING UTILITY BILLINGS

Home Address: _____

City: _____ St: _____ Zip: _____

Main Ph #: _____ Second Ph #: _____

E-mail address: _____

Business Address: _____

City: _____ St: _____ Zip: _____

Business Ph #: _____ Business Fax #: _____

Owner 2 *Information is required only once if additional properties are managed. Use "NA" for fields that don't apply*

Full Name: _____

Db/a/or LLC: _____

Date of Birth: ___/___/___ Tax or EIN: _____ SSN: ___-___-___

INFORMATION NEEDED TO ACT ON YOUR BEHALF FOR ITEMS SUCH AS CONVERTING UTILITY BILLINGS

Home Address: _____

City: _____ St: _____ Zip: _____

Main Ph #: _____ Second Ph #: _____

E-mail address: _____

Business Address: _____

City: _____ St: _____ Zip: _____

Business Ph #: _____ Business Fax #: _____