

DATE: \_\_\_\_\_

**OWNER INFORMATION**

OWNER NAME(S):		
PROPERTY ADDRESS:		
MAILING ADDRESS		
PRIMARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
SECONDAY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
THIRD PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL ADDRESS(ES)*:		
EMER. CONTACT NAME:	<b>Relationship:</b>	
EMER. CONTACT PHONE #:		
EMER. EMAIL ADDRESS*:		

**TENANT INFORMATION**

Term of Lease: Beginning Month/Year: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

TENANT NAME(S):		
PRIMARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
SECONDARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
THIRD PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL ADDRESS(ES)*:		

A completed copy of this form, along with a copy of the Sales Contract or Lease Agreement.  
Email: [manager@blueoceancommunities.com](mailto:manager@blueoceancommunities.com)

PLEASE PROVIDE CLOSING DATE: \_\_\_\_\_