

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Victoria Square

DEAR HOMEOWNER,

IN ORDER FOR US TO BE EFFECTIVE IN MANAGING YOUR PROPERTY, THE FOLLOWING INFORMATION IS REQUIRED;

OWNER NAME: _____

MAILING ADDRESS: _____

UNIT #: _____

PHONE #: (Primary) _____

(CELL) _____

(WORK) _____

(VILLA) _____

E-MAIL: _____

EMERGENCY CONTACT: (NAME) _____

(PHONE) _____

1. DO YOU LIVE IN UNIT? Y N
2. DO YOU RENT OUT YOUR UNIT? Y N
3. IF YES, DO YOU MANAGE IT YOURSELF? Y N
4. IF NO, WHO IS YOUR AGENT? _____
RENTAL MANAGEMENT CO. _____
TELEPHONE #: _____

PLEASE COMPLETE AND RETURN THIS FORM AT YOUR FIRST COVENIENCE TO:

High Tide Associates

P.O. Box 7665

Hilton Head Island, SC 29938

843-686-2241

notices@hightideassociates.com