

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Legends Horizontal Property Regime

DEAR HOMEOWNER,

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

OWNER NAME: _____

MAILING ADDRESS: _____

UNIT #: _____

PHONE #: (HOME) _____

(CELL) _____

(WORK) _____

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? _____
MANAGEMENT CO.? _____
TELEPHONE #: _____
EMAIL: _____

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN.

THANK YOU.

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