

Ironwood Association

OWNER QUESTIONNAIRE

(THIS INFORMATION IS FOR COMPLETE PROPERTY MANAGEMENT OF SWFL RECORDS)

WE SIMPLY WANT TO KEEP OUR ASSOCIATION RECORDS AS ACCURATE AS POSSIBLE.

DATE: _____

OWNER'S NAME (s): _____

LOCAL ADDRESS: _____

CITY STATE ZIP CODE

2ND ADDRESS: _____

CITY STATE ZIP CODE

HOME PHONE: _____ OTHER PHONE / FAX: _____

CELL # 1: _____ CELL # 2: _____

WORK PHONE: _____ FAX: _____

E-MAIL ADDRESS # 1: _____

E-MAIL ADDRESS # 2: _____

WHICH ADDRESS SHOULD YOUR MAIL BE SENT TO?: _____

DO YOU PLAN TO RENT YOUR UNIT ANNUALLY / SEASONALLY?: _____

RENTAL COMPANY NAME: _____

DO YOU HAVE PETS?: _____ WHAT KIND?: _____ HOW MANY?: _____

IN CASE OF EMERGENCY, WE SHOULD CONTACT: (NAME, PHONE #, ADDRESS).

Please return to: Complete Property Management of SWFL
3050 North Horseshoe Drive #172
Naples, Fl. 34104
(239) 403-4006 Office (239) 403-4008 Fax
ileana@cpmswfl.com