



PROPERTY MANAGEMENT QUOTE

Client Information

Date Ordered _____

Property Ownership Name, Entity, and/or DBA _____

Owner's Contact Name _____

Owner's Address _____ City _____

State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Property Information / Type

Commercial Office Industrial Retail Multi-Family Residential

of Units _____ # of Tenants _____ Current Occupancy % _____

Property Address _____

City _____ State _____ Zip _____

Assessor Parcel # (APN): _____ Square Footage: _____

Gross Collected Income (Rent, etc.) _____/monthly

Please provide a Rent Roll and Income Statement if available.

Special Instructions / Comments: _____

