

2008 PROPERTY INFORMATION FORM

Please fill out this form and return it to:

CYC Realty Management

15 Old Loudon Rd.

Latham, NY 12110

Property name _____

Name: _____ Owner _____ Tenant _____

Unit No. / Address: _____

Mailing Address if different from above: _____

(or if snowbird include winter mailing address & dates) _____

Snowbird ____yes ____no Dates from _____ to _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Mortgage on Property: ____ Yes ____ No

If Yes, Name of Mortgage Company _____

Homeowner

In case of emergency contact: _____

Telephone: _____

Whom may we contact in case of an emergency to get a key to your unit?

Name _____ Phone # _____

Tenant(s)

In case of emergency contact: _____

Telephone: _____

Any other emergency information that might be pertinent for managing agent to know – (i.e., special medical condition or handicap): _____

Number of Vehicles _____

Make: _____ Model _____ Color _____ License# _____

Make: _____ Model _____ Color _____ License# _____

Fireplace: ____ Yes ____ No

Pet: ____ Yes ____ No If Yes, Name: _____ Type: _____