

PROPERTY INFORMATION FORM

Please fill out this form and return it to:
CYC Realty Management
12 Avis Drive Suite 9
Latham, NY 12110

Name: _____ Owner ____ Tenant ____

Address: _____

Mailing Address if different from above: _____

Email Addresses: _____ | _____

_____ | _____

Telephone (Home) _____ (cell) _____

(Work) _____ (other) _____

Homeowner

In case of emergency contact: _____

Telephone: _____

No. of vehicles: ____ Make: _____ Color _____ Plate# _____

Make: _____ Color _____ Plate# _____

Make: _____ Color _____ Plate# _____

Pet: Y ____ N ____ Name: _____ Type: _____

Y ____ N ____ Name: _____ Type: _____

Name of Insurance Agent _____