



**CRM Facilities Management
145 Rose Street
Lexington, KY 40507**

**Please fill out this form and return to the Management Company at the address above.
This form can be dropped off at CRM, emailed or faxed.**

Property Name and Address: _____

UNIT # _____ **Date Completed** _____ **Closing Date:** _____

CONTACT INFORMATION

Owner Name (First, Last) _____

Mailing Address _____
Street Address City State Zip

Email Address _____

Phone Numbers _____
Home Office Cell

Preferred Method of Contact _____

Auto _____
Make Model Year Color License #

Auto _____
Make Model Year Color License #

TENANT INFORMATION

Tenant Information (If the owner does not occupy this unit please provide the contact information for the resident.)

Lease Term _____
Beginning Date Ending Date

Tenant Name (1) _____

Mailing Address _____
Street Address City State Zip

Email Address _____

Phone Numbers _____
Home Office Cell
Auto _____
Make Model Year Color License #

Tenant Name (2) _____

Mailing Address _____
Street Address City State Zip

Email Address _____

Phone Numbers _____
Home Office Cell

Auto _____
Make Model Year Color License#

PET INFORMATION

Please complete the following:

I do not have any pets in my unit _____
Signature Date

Or :

I have the following pet in my unit:

Type and Name (i.e. dog, cat, bird) _____

Description _____
M/F Breed Weight Color

Please attach a picture of the pet and copy of the current inoculation records from your Veterinarian.

**CRM Facilities Management
145 Rose Street
Lexington, KY 40507**

**Phone: (859) 225-3680 Fax: (502) 414-1801
Email: shilson@crmco.com**

Any other information you feel may be helpful: _____

