



Property Information Form

Client Information

Company Name: _____
 Address: _____
 Contact: _____ E-mail: _____
 Phone: _____ Fax: _____

Property Information

Address: _____
 City: _____ County: _____ State: _____ ZIP: _____
 REO #: _____ Loan #: _____
 Eviction Date: _____ Eviction Time: _____
 Occupant: _____ Owner: _____
 On-site Contact: _____ Phone: _____
 Marshall/Sheriff: _____ Phone: _____
 Attorney: _____ Phone: _____

Services Required

- | | | |
|---|---|--|
| <input type="checkbox"/> Real Estate Services | <input type="checkbox"/> Mortgage Services | <input type="checkbox"/> Appraisal ("as is" or "subject to") |
| <input type="checkbox"/> Winterization | <input type="checkbox"/> Clean Out Services | <input type="checkbox"/> Locksmith Services |
| <input type="checkbox"/> Lawn Maintenance | <input type="checkbox"/> Snow Removal | <input type="checkbox"/> FHA Conveyance |
| <input type="checkbox"/> Repair Inspection | <input type="checkbox"/> Repair Estimate | <input type="checkbox"/> Emergency Services |

Additional Information: _____

