



Kinetic Property Management, LLC
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Contact Information

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY AND RETURN TO MANAGEMENT

Date: _____ **Unit #:** _____

Property Information:

Name of Community: _____

Property Street Address: _____

Name of Owner(s) (as shown on Warranty Deed) :

Owner Information:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Notes:

Rental Information:

(All individuals residing in the unit, if rented)

Number of individuals occupying unit: _____

Tenant(s) Name: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Tenant(s)

Name: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Office: _____

Cell Phone: _____

Email: _____

Notes: