



My East Bay Agent Leasing

A full service property management company

Owner Referral Data Form

AGENT INFORMATION					
Name:					
Company:					
Mailing Address:					
Home Phone:		Work Phone:			
Mobile Phone:		Other Phone:			
E-mail:					
OWNER INFORMATION					
Name:					
Property Address:					
Mailing Address: <i>(if different from above)</i>					
Home Phone:		Work Phone:			
Mobile Phone:		Other Phone:			
E-mail:					
PROPERTY INFORMATION					
Number of Bedrooms:		Baths:		Floors:	
Square Footage:		Garage:		Year Built:	
Lot Size:			Unit Type:		
PROPERTY DETAILS					
Lease Includes:	Gas	Electric	Trash	Water	Gardener Cable Pool Maid Other:
Appliances Included:	Refrigerator	Washer	Dryer	Soft water system	
Pets Allowed:	Yes	No			
PRICE, ACCESS & AVAILABILITY					
List Price of Rental:					
Currently Occupied:	Yes	No	Gate Codes <i>(if any)</i> :		
Currently in Escrow:	Yes	No	If yes, when does it close:		
Management Type:	Full Management	Lease Only	Marketing Only		
PROPERTY PREPARATION					
Date Property Available:					
Carpets to be cleaned:	By Owner	By SCV Leasing			
House to be cleaned	By Owner	By SCV Leasing			