

# CLIENTS INFORMATION FORM



## Client Contact and Billing Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Cell # (Primary): \_\_\_\_\_ Cell # (Secondary): \_\_\_\_\_

Email (Primary): \_\_\_\_\_

## ARIZONA Property Information

Community Name: \_\_\_\_\_

Street: \_\_\_\_\_ Unit: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Unit Phone #: \_\_\_\_\_ Mail Box #: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

Gate Code: \_\_\_\_\_ Lock Box Code: \_\_\_\_\_ Entry Door Code: \_\_\_\_\_

Garage Code: \_\_\_\_\_

## Alarm & Video Surveillance System Information

Alarm Keypad Code: \_\_\_\_\_ Safe Word: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you have an activated alarm system in your home, please do not forget to register Home Management Professionals with your alarm company.

Property Video Camera: Yes / No (circle)      Reset camera, router, or modem: Yes / No (circle)

Number of Cameras: \_\_\_\_\_      Location of Cameras: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Utility Information**

Water Turn On/Off (Outside) Location: \_\_\_\_\_

Water Turn On/Off (Inside) Location: \_\_\_\_\_

Water Heater Location(s): \_\_\_\_\_ Electric / Gas / Tankless (circle one)

Electric Breaker Box Location(s): \_\_\_\_\_

Thermostat Temp: (Away): \_\_\_\_\_ # of Thermostats: \_\_\_\_\_ Location(s): \_\_\_\_\_

A/C Filter Size/Location(s): \_\_\_\_\_ Air Handler Location(s): \_\_\_\_\_

Trash Pick-up Day(s): \_\_\_\_\_ Recycling Pick-up Day(s): \_\_\_\_\_

**Community Association Management Company Information**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Community Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Gas Company Info**

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Air Conditioning Maintenance Information**

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Landscaping Information**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Pest Control Information**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Pool/Hot Tub Information**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

