

PROPERTY MANAGEMENT
ADDITION / DELETION / CHANGE FORM

Tourist Development Tax ID Number _____

_____ Addition _____ Deletion _____ Change of Owner

_____ Unit Number at: _____
(Rental Property Address)

_____ Date of Addition

_____ Date of Deletion

_____ Date owner came on our management program:

*Owner's Name

*Address

*City, State and Zip

*Owner's Phone Number

_____ Owner sold property to: _____
Name of new owner

Address

City, State and Zip

Owners phone number

_____ Owner transferred property management to: _____
Name of property management company

_____ Owner is no longer renting this property.

_____ Owner is renting on his/her own.

I attest the above information is true and correct according to the knowledge given to me by the property owner.
*(Please be sure to fill in the owner's name and address).

Signature

Date: _____

Agency