



TENANT INFORMATION FORM

Please return this form to FirstService Residential at 201 Sigma Dr. Suite 350 Summerville, SC. 29486, by fax to (843) 278-6853 or via email to Retreatatriverland.sc@fsresidential.com

OWNER INFORMATION

Unit #: _____ Lease Start Date: _____ Lease End Date: _____

Owner's Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

Owner's Email Address: _____

Cell Phone: _____ Home Phone: _____

TENANT INFORMATION

1st Tenant Name: _____ Tenant Cell: _____

Tenant's Email Address: _____

Vehicle (year, color, make & model): _____

Pets? Yes No If yes... Pet's Name: _____ Age: _____

Pet Description (color, size & demeanor): _____

2nd Tenant Name: _____ Tenant Cell: _____

Tenant's Email Address: _____

Vehicle (year, color, make & model): _____

Pets? Yes No If yes... Pet's Name: _____ Age: _____

Pet Description (color, size & demeanor): _____

NOTE: If more than 2 tenants, complete a separate Tenant Information Form. Submit all forms at one time.