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Property Owner Questionnaire

Owner 1: _____ Prefer to be addressed as: _____

Owner 2: _____ Prefer to be addressed as: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Cell: _____ Work: _____

Email address: _____ Fax: _____

Preferred method of contact: (circle) Email Phone Fax Mail

Birth date 1: _____ Birth date 2: _____ Anniversary: _____

Children's name and ages: _____

Occupation 1: _____ Title: _____

Occupation 2: _____ Title: _____

Highest level of education: High school Associates Bachelors Ph.D Other

Military: Active/Retired Rate or rank: _____

Emergency Contact: _____ Phone #: _____

What is your position on accepting pets? _____

Do you own other investment properties in Florida? If so, what city/cities? _____

Are you interested in purchasing other investments such as single or multi-family property or life insurance?

Any additional comments to help us better serve you: _____

Thank you for your time. Please return to Realty Masters.