



CLIENT INFORMATION:

Name: _____

Phone: _____ Email Address: _____

Emergency Contact: _____

Harpswell Address:

Home Address:

Approximate Leaving Date: _____

SERVICES NEEDED:

Property Management Services

Rental Property Services

Plowing

Shoveling / Sanding Where? _____ to door _____ to oil tank

Cleaning How often? _____

HOUSE INFORMATION:

Name of Insurance Company: _____

Alarm System Code: _____ Alarm Stop Code: _____

Alarm Company Phone: _____ Contact Person & Phone: _____

Any other alarms (septic etc.) _____

_____ Owner Name

HOUSE INFORMATION (cont):

Thermostat Settings: _____

Location of Breaker Panels: _____

Do you have a Generator? _____ Location: _____

Do you have a dry basement? _____ Location of Sump Pump: _____

Repairs or Maintenance while away: _____

Special Needs or Requests: _____

VENDORS:

Oil Delivery Company: _____ Phone: _____

_____ Gallon Tank Do you have auto delivery: Yes No

Oil Tank Location: inside the basement outside the home

Boiler Repairman: _____

Propane Company: _____ Phone: _____

_____ Gallon Tank Do you have auto delivery: Yes No

Propane heat for house? _____ Other Uses? _____

Propane Repairman: _____



_____ **Owner Name**

VENDOR (cont):

Water System Company: _____ Deliveries: _____

Does salt need to be added? _____ How Often? _____

Lawn Maintenance/ Grounds keeping Company: _____

Phone Number: _____

Pest Control Company: _____

Phone Company: _____

Preferred Plumber: _____

Phone Number: _____

Preferred Electrician: _____

Phone Number: _____

Preferred HVAC: _____

Phone Number: _____

ADDITIONAL NOTES & CONCERNS: