
R. M. Property Management

Property Information Sheet

Start Date: _____

Property Address: _____

Type of Property: _____

Rent Amount: \$ _____ Deposit: \$ _____

Lease Term: _____ 6 month _____ 1 year _____ Month to Month

Section 8 Accepted _____ Yes _____ No

Pets Accepted _____ Yes _____ No _____ Size and weight allowed \$ _____ Deposit

Property Amenities

Bedrooms _____ Baths _____ Sq Ft _____ F/P _____ L/R _____ F/R _____

Garage _____ Carport _____ RV Park _____ Window Covering _____

Refrig _____ Dishwasher _____ Disposal _____ Stove Type _____

Microwave _____ Laundry _____ Ctrl HVAC _____ Wall Heat _____

Wall AC _____ Alarm _____ Yes _____ No _____ Code

Utilities/ Maintenance

Water/Sewer: T / O

Trash: T / O

PG&E T / O

Landscaping: T / O

Pool Service: T / O

Owner Name: _____

Home Address: _____

Cell # _____ Home Phone # _____

Email Address: _____