

The Property Group Management Proposal Request

*Required Field

*Name of Association: _____

*Association Address: _____

*City: _____ *State _____ *Zip _____

*Number of Total Units: _____

*Check one: Condominium ___ Co-Op ___ Planned Unit Development ___

*Is your Association currently managed by a management company? Yes ___ No ___

*Level of Management Required: _____ Full Service
_____ Financials Only

If you are a current member of the Board of Directors indicate your position:

If not, can you provide the name, address & phone number of your Board President:

List any special requirements here (i.e., planned or in progress capital projects):

Describe amenities:

Pool _____ Clubhouse _____
Tennis Courts _____ Other _____

*Please send management proposal to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Or via email at: _____

Day time phone number: _____

Please return this form to:

Jackie Moccia, The Property Group, 25 Crescent Street, Stamford, CT 06906

Email: jmoccia@thepropertygroup.net Phone: 967-8337x103 Fax: 967-2012