

LEAD SHEET

Community Name:

Community Cross Streets:

Name of any Board Member - First:

Last:

Above Board Member's Position:

Board Member's Length of Service:

Above Board Member's Address:

Above Board Member's City:

State:

Zip Code:

Phone:

E-mail:

How did you hear about Parker Finch?

Association Type:

Number of Units:

Year Built:

Assessments:

Amenities (check box if applicable):

- Pool*
- Spa*
- Lakes*
- Park*
- Playground*
- Golf Course*
- Security*
- Gated*
- Other*

Proposed Start Date: _____

Presentation Date: _____

Current Management Company: _____

Current Management Fee: _____

Transfer/Disclosure Fee: _____

Reason for Looking for New Company:

Expectations From New Mgmt. Company?:

Number of Board Members: _____

Frequency of Board Meetings? _____

Community Challenges:

- 1)
- 2)
- 3)

General Community Comments:

Date Form Submitted: _____

Name of Person Completing Form: _____