

TAKEOVER REQUEST FORM:

NAME _____ TODAY'S DATE _____

ADDRESS OF PROPERTY NEEDING TAKEOVER _____

YOUR PHONE NUMBER _____ EMAIL ADDRESS _____

DESIRED DATE OF TAKEOVER _____ LENGTH OF TAKEOVER _____

MONTHLY RENT _____ # OF ROOMS AVAILABLE _____

I give permission for Bondurant Realty Corporation to release my Name, phone numbers and email address to any prospective tenant in relation to the rental of my unit, and I release Bondurant Realty Corporation from any liability in connection with any information released. I also understand that by signing this form, it does not release me from the legal obligation of the lease agreement I have previously signed.

SIGNATURE _____

Office Use Only:

Date Received: _____

Date Added to Takeover List: _____