

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: _____