



ABSOLUTE ISLAND MANAGEMENT
www.absoluteisland.com

PRE-MANAGEMENT AGREEMENT

I, _____, as legal owner, authorize Absolute Island Management, Inc. and its contracted associates, to gain access, inspect, market and lease the property located at:

Address: _____

Unit: # _____

City, State, Zip: _____, _____

Location of key or point of contact (agent name and #):

Desired Rent _____, Desired Deposit: _____

Size of Unit (bed/bath): _____, Approx Sq Ft: _____

Community Restrictions (pets allowed) _____

Water Included: Yes: No: Cable Included: Yes: No:

Fitness Center: Yes: No: Gate: Yes: No:

Pest Control: Yes: No: Pool: Yes: No:

Signed: _____

Owner

Date

Whose home address is:

Address: _____

City, State, Zip: _____, _____

Cell: _____

Email: _____

Please return the above to Absolute Island Management, Inc. via fax at 888-886-6595 or email at newaccounts@absoluteisland.com. If you have any questions please do not hesitate to contact us.

We look forward to working with you!

888.344.4246 office, 888.886.6595 fax, info@absoluteisland.com email