



LANDLORD SOLUTIONS

CLIENT INFORMATION FORM

OLTB SCC

Client Name: _____

Legal Name for applications: _____

Client Contact Name: _____

Property Manager Name: _____

Superintendent Name: _____

Portfolio Description: _____

Ph.: _____ Fx: _____ Cel: _____

Client Email: _____

Mailing Address: _____
Street City Postal

Billing Address: _____
(If different from mailing) Street City Postal

Unit Address _____
(leave blank if many) Street City Postal

Standing Mediation Order: _____

Special Instructions: _____

For Office Use Only

Client Code: _____ Board Region: _____ Retainer / Agency Forms On File: ___ / ___

Billing Method / Terms / Retainer: _____