# Client Information Sheet

**Client Name:** _____ **Phone Number:** _____ **Alternate Phone Number:** _____

**Email:** _____ **Fax:** _____

**Billing Address:** _____ _____

**Street Number and Name** **City, State Zip Code**

| PID: | Property Physical Address | County | Type of Property (Residential/Commercial/ Income Producing*/ Vacant Land) | Damages/ Rapairs during year: Y*/N | Appraisals done during year: Y*/N | Property purchased during this year: Y*/ N | True Owner if different from client. |
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**If income producing provide income & expense documents.* **If answered Yes, please produce these domuments.*

"Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599; website: www.license.state.tx.us/complaints."