

**Client Request Form Florida**

**CLIENT INFORMATION**

**Client(s) Name -**

**Client(s) Full Address -**

**Client(s) Phone #-**

**Payment Option (see below)**

**Date Paid-**

**Today’s date -**

**RENTAL REQUEST INFORMATION**

**# of Rooms- | (commercial only) # of Square Feet-**

**Min/Max Rent -**

**Location – Ft Lauderdale  Palm Beach  Miami  Orlando  Kendall  Other**

**Search Options (Please select an option that best fits your services needed)**

**Option 1- Listings only $100.00**

**Option 2- Listings & Viewings $150.00**

**Option 3- High Risk Tenants $200.00 (i.e. Eviction and/or Felony)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day/Time** | **8am-**  **9am** | **10am-11am** | **12pm-1pm** | **2pm-**  **3pm** | **4pm-**  **5pm** | **6pm-**  **7pm** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |

**Please check the time you are available for viewing.**

**If you have a deadline such as Section 8, please provide the date.** Click or tap to enter a date.

**Thank you for choosing Renters Rely!**