



Realtor / Broker Client Referral Form

To help serve you and your client with maximum efficiency, please complete this form and fax it to:
(909) 931-5535

Referral

Date _____

Referring Broker / Agent _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax # _____

Email _____ Real Estate License # _____

Client Information

PLEASE WRITE CLEARLY

Client's Name _____

Employer (opt) _____

Address _____

City _____ State _____ Zip _____

Phone Day _____ Evening _____

Client Preferences

Furnished Unfurnished Price Range _____

Estimated Move In Date _____ Duration of Residence _____

Number of Bedrooms _____ Baths _____

Location / Area Desired _____

Individual Requirements (garage, washer/dryer) _____

Must Accommodate pet(s) Yes No Dog Cat How Many _____

LAC USE ONLY - TO BE FILLED OUT BY LAC CORPORATE OFFICE

Received by: _____ Date: _____

Comments: _____

CONFIRMATION

Move In Date _____ Lease _____

Property _____ Rent Amt. _____

Unit # _____ Property Contact _____

If you have any questions regarding our Realtor / Broker Referral Program, please call (866) 615-7983 or email Rebecca.Johnson@lewisop.com. Thank you for choosing Lewis Apartment Communities.