THE
ASCOT

Property Management Agreement

This form is typically used for homes that have a property management company for the home or if someone in the household is NOT listed on the deed but needs to have decision making access.

Deed Holders Name:_____

Address:_____

Phone Number:_____ Email:_____

I would like to receive communication via: Email ☐ US Postal Mail ☐

Please list the email address(s) or one mailing address to receive all communication (Choose one type of communication)

_____

Please list the name of the person and/or management company you wish to give access to your account:

_____

Please check the items you would like to allow the above person(s) to be able to make decisions concerning:

☐ Complete Clubhouse Card request forms on my behalf for a new or replacement card. (if applicable)

☐ Complete Clubhouse Rental Applications for the residents to be able to have an event. (if applicable)

☐ Discuss Account Information.

☐ Request a change in how and to whom statements are mailed.

☐ Request a one-time waive of a late fee or violation.

☐ Full Access to all information. (Can act on my behalf regarding all information or decisions for my account)

Signature of Deed Holder:_____ Date:_____

(Electronic signatures are not accepted unless via Docusign)

Return form via:

Email: admin@ecoastalmgt.com

Mail: Elite Coastal Management 2702 Whatley Ave Suite A-3 Savannah Ga 31404