

# Guest Register

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Do You: ☐ Own ☐ Rent

When do you need a home?

☐ Now ☐ 1-3 Months ☐ 3-6 Months

How did you hear of us?

☐ Signs ☐ Newspaper ☐ Driving By

☐ Radio ☐ Friend ☐ Internet

☐ Other

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