



CALL ELEANORE
SCREENING SERVICES

3840 'A' Street Southeast, #105-197
Auburn, WA 98002

PROPERTY SHEET
Independent, Private Landlords & Homeowners

Client Property Sheet

Account Name / Owner Name: _____

What type of report will you most likely be requesting?

Full Report Quick Report Credit Report Only Court Records Only (Criminal, Sex Offender Registry, Eviction)

Please list your rental property address(es) below:

Property Name: (if any) _____

Manager Name: (if any) _____

Street Address: _____

City, State, Zip: _____

Phone: (if different than client) (_____) _____

Fax: (if different than client) (_____) _____

Email: (if different than client email) _____

Invoice to: (check one) Bill this Location Bill to Parent Company

Property Name: (if any) _____

Manager Name: (if any) _____

Street Address: _____

City, State, Zip: _____

Phone: (if different than client) (_____) _____

Fax: (if different than client) (_____) _____

Email: (if different than client email) _____

Invoice to: (check one) Bill this Location Bill to Parent Company

**** Property Sheet – Page 2

Please copy this page if needed for additional property information.

Property Name: (if any) _____
Manager Name: (if any) _____
Street Address: _____
City, State, Zip: _____
Phone: (if different than client) (_____) _____
Fax: (if different than client) (_____) _____
Email: (if different than client email) _____
Invoice to: (check one) _____ Bill this Location _____ Bill to Parent Company

Property Name: (if any) _____
Manager Name: (if any) _____
Street Address: _____
City, State, Zip: _____
Phone: (if different than client) (_____) _____
Fax: (if different than client) (_____) _____
Email: (if different than client email) _____
Invoice to: (check one) _____ Bill this Location _____ Bill to Parent Company

Property Name: (if any) _____
Manager Name: (if any) _____
Street Address: _____
City, State, Zip: _____
Phone: (if different than client) (_____) _____
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