



MANAGEMENT PROPOSAL REQUEST FORM

SRK Residential Communities would be pleased to provide an Association Management Proposal to your HOA or Condominium Board. To aid our staff in providing the most accurate and informative proposal package for your Board, please print and complete the following information. This form can then be faxed to 1-877-284-0621, scanned and e-mailed to info@srkresidentialcommunities.com, or mailed to us at **6220 South Orange Blossom Trail, Suite 105, Orlando, FL 32809**. Upon receipt of your information one of our Licensed Professional Managers will prepare a customized management presentation package for your Board to review. This process usually only takes about one business day to complete.

COMMUNITY INFORMATION

Official Community Name: _____

Community Type: HOA Condominium Number of Homes: _____

Current Management: Self Managed On Site Professional Full Time On Site Professional Part Time
 Remote Managed Current Management Company: _____

Current Management Contract Expires: _____ Non-Renewal Notice Given: Yes No

Desired Management: On Site Professional Full Time On Site Professional Part Time Remote Managed

Gate Type: Staffed Full Time Staffed Part Time Electronic Only No Gate

Managed Amenities: Clubhouse Clubhouse Rentals Exercise Room Pool/Spa
 Lake Access Docks/Boat Ramp Playground Sports Fields
 Other: _____

Number of Board Members: _____ Under Developer Control: Yes No

Frequency of Board Meetings: Monthly Quarterly Semi-Annually Annually

Average Duration of Board Meetings: Hour or Less 1 to 2 Hours 2 to 3 Hours More than 3 Hours

Location of Board Meetings: Home of Board Member Association Clubhouse Local Community Room
 Rented Hall Other: _____

Frequency of Assessment Billings: Monthly Quarterly Semi-Annually Annually

Existing Delinquency Issues: _____

At times we may need additional information to complete an accurate and timely Management Proposal. Please provide the following contact information so that we can contact you for any data clarification and for proposal delivery.

REQUESTOR INFORMATION

Name: _____ Telephone: _____ Fax: _____

Mailing Address: _____

E-Mail Address: _____ Board Position: _____