

**Association Property Management Specialists, LLC  
1642 Medical Lane Ste. B  
Fort Myers, Florida 33907  
239-939-7088 ext. 205  
sheryl@associationmanagers.us**

## **Request For Management Proposal**

**Association Name:** \_\_\_\_\_

**Association Address:** \_\_\_\_\_

**Number of Units:** \_\_\_\_\_

**Type of Association:** \_\_\_\_\_ Condo \_\_\_\_\_ HOA \_\_\_\_\_ Master \_\_\_\_\_ Other (please specify)

**Are you currently contracting with a management company?** \_\_\_\_\_ yes \_\_\_\_\_ no

**If yes, how many years have you been with this company?** \_\_\_\_\_

**Please list property amenities:**

**Please list any special requirements:**

**Your name and Association position:**

**Email address:** \_\_\_\_\_

**Phone number where you may be reached:** \_\_\_\_\_