CITY OF GULF SHORES
PO BOX 4089
GULF SHORES, AL 36547
PHONE (251) 968-2426
FAX (251) 968-1470

Submit by Email | Print Form

PROPERTY MANAGEMENT
ADDITION AND DELETION FORM

☐ Addition ☐ Deletion ☐ Change of Owner

_____ Unit number at/or _____
(Date) (Property Name or Location)

_____ Date of addition

_____ Date of deletion

_____ Date owner came on our management program:

_____
*Owner's Name

_____
*Address

_____
*City, State and Zip

_____
*Owner's Phone Number

_____ Date owner sold property

To: _____
*Name of new owner

_____
*Address

_____
*City, State and Zip

_____
*Owner's Phone Number

_____ Date owner transferred property management

To: _____
* Name of Property Management Company

_____ ☐ Owner is no longer renting this property.
(Date)

_____ ☐ Owner is renting on his own.
(Date)

By checking the box below, I attest the above information is true and correct, according to the knowledge given to me by the property owner.
*(Please be sure to fill in the owner's name and address above)

☐ I accept

_____
Signature

_____
Agency