

LAND TEXT FORM



Property No. _____ - _____

Phone: 972-248-4154 Fax: 972-692-7651

REQUIRED FIELDS

* Numeric Field

Property Address

Property Name	
Address	
Suite	
City	
State	
Zip	
County	
Country	

Property Information

<input type="checkbox"/> Sale <input type="checkbox"/> Lease <input type="checkbox"/> Sublease <input type="checkbox"/> Sale or Lease <input type="checkbox"/> Build to Suit <input type="checkbox"/> Ground Lease	
Zoning	
Total Sale Price*	
Price per SF/Acre*	<input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Acre
Land Area*	
Frontage Road	
Frontage Road	
Traffic Count	
Traffic Count	

Primary Contact Information

Company Name		<input type="checkbox"/> Broker
1 st Contact Name		<input type="checkbox"/> Broker
Title		<input type="checkbox"/> Broker
2 nd Contact Name		<input type="checkbox"/> Broker
Title		
Address		
Suite		
City		
State		
Zip		
County		
Phone		
Fax		
Email Address		
CC Email 1		
CC Email 2		
CC Email 3		

Additional Contact Information

Company Name	
1 st Contact Name	
Title	
2 nd Contact Name	
Title	
Address	
Suite	
City	
State	
Zip	
County	
Phone	
Fax	
Email Address	
CC Email 1	
CC Email 2	