LEWIS APARTMENTS

Realtor / Broker Client Referral Form

To help serve you and your client, please complete this form and click Submit Form or print and email to LewisBroker@LewisMC.com

PLEASE WRITE CLEARLY

This Section to be Completed by the Realtor/Broker

This occiton to be completed	y the Realton Broker		
Realtor/Broker Information			
Date			
Real Estate Company			
Duelies / Asset Nesses			
Real Estate License #			
Address			
City	State	Zip	
Telephone			
Email			
Community Visited			
Leasing Consultant			
Comments:			
Client Information			
Client's Name			
Employer (opt.)			
Address			
City	State	Zip	
Phone			
This Section Below to be Com	leted by Lewis Apartment Communities Corp	norate	
Lease Information/Verification	otod by Louis Apartment Communication Con	oorato	
Move In Date	Lease Te	Lease Term	
Property		Monthly Rent	
Unit #			
Date Received	 Pavment Amo	ount	
Comments:			

If you have any questions regarding our Realtor / Broker Referral Program, please call (909) 946-7506 or email: Carlos.Rodriguez@lewismc.com. Thank you for choosing Lewis Apartment Communities.