



# ERA Key Realty Services



## Customer Sign in Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like daily updates sent automatically to your email ? yes ? no

Is this your first visit? ? yes ? no

Do you own or rent? Own Rent

Are you working with a Realtor? ? yes ? no

Would you like a free market analysis of your home? ? yes ? no

How did you hear about the open house \_\_\_\_\_

\_\_\_\_\_