



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 _____
