

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	