



5775 Ann Arbor Rd.  
 Jackson, MI 49201  
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**This form must be submitted within 60 days of closing.**

# DATA COLLECTION FORM

## Property Information

Home Warranty Contract Number *(Required)*: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Client's Name: \_\_\_\_\_  
 Client's E-mail: \_\_\_\_\_  
 Client's Phone: \_\_\_\_\_  
 Closing Date: \_\_\_\_\_  
 Was this property professionally inspected?  Yes  No  
 Date of Inspection: \_\_\_\_\_

## Housing Information

Single Family                       Condo                       Duplex  
 Triplex                               Fourplex                       Manufactured  
 New Home Construction  
 Foreclosure/Bank Owned  
 Number of Beds/Bath: \_\_\_\_\_ / \_\_\_\_\_  
 House Size: \_\_\_\_\_ sq. ft.  
 Garage Type:  None    1 Car    2 or More

## Equipment Information

<i>Primary System/Appliance</i>	<i>Brand Name</i>
Range	_____
Furnace/Heat Source	_____
Air Conditioner	_____
Water Heater	_____
Refrigerator	_____
Dishwasher	_____

## Agent Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Real Estate Office: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**SUBMIT**