



## Referral To Relocation Rentals

**Date** \_\_\_\_\_

**Transferee's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone (w)** \_\_\_\_\_ **(h)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Destination City/State** \_\_\_\_\_

**Client** \_\_\_\_\_

**Half Day Rental Tour**     **Full Day Rental Tour**     **Orientation Tour**

**Other Needs** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Assigned Agent must contact the relocation company after making contact with the transferee.

**Please fax completed form to 301-874-5273**

**RELOCATION RENTALS** • 3608 Sprigg St. South • Frederick, MD 21704

301-873-0665 • liza@relocationrentals.com