Military Relocation Buyer Form

| First Name | |
|---------------------------------|----|
| | |
| Last Name | _ |
| Email | |
| Phone Number | |
| Current Address | |
| Military Branch | -1 |
| Expected PCS Date | |
| Desired Move-In Date | |
| Budget Range | |
| Preferred Location/Area | |
| Bedrooms | |
| Bathrooms | |
| Special Requirements / Comments | |
| | |