



## REBATE CLAIM FORM

### **PERSONAL INFORMATION**

FIRST NAME

LAST NAME

EMAIL ADDRESS

PHONE NUMBER

NEW ADDRESS

APARTMENT NUMBER

CITY

STATE/ZIP

### **RENTAL INFORMATION**

APT. NAME

MOVE IN DATE

RENT PRICE

TERM OF LEASE

### **ADDITIONAL COMMENTS**

Please fax or email this form back no later than 30 days after move in.

MY APARTMENT LOCATOR

OFFICE: 972-215-0500

FAX: 888-311-1974

EMAIL: [INFO@MYAPTLOCATOR.COM](mailto:INFO@MYAPTLOCATOR.COM)

Expect to receive rebate within 1 -2 months after move in.

Thank you for using MY APARTMENT LOCATOR.