

LAA NON-MEMBER LISTING FORM

Date Ad Starts _____ Weeks @ \$10.00 per week _____ One Month (\$35.00)

Area (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Sheboygan Central | <input type="checkbox"/> Sheboygan South | <input type="checkbox"/> Sheboygan North |
| <input type="checkbox"/> Sheboygan West | <input type="checkbox"/> Howards Grove | <input type="checkbox"/> Sheboygan Falls |
| <input type="checkbox"/> Kohler | <input type="checkbox"/> Plymouth | <input type="checkbox"/> Elkhart Lake |
| <input type="checkbox"/> Oostburg | <input type="checkbox"/> Waldo | <input type="checkbox"/> Cascade |
| <input type="checkbox"/> Kiel | <input type="checkbox"/> Other Rural | |

Housing Type (check one)

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Multi-Unit Building |
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Upper Flat | <input type="checkbox"/> Lower Flat |

Date Available _____ Bedrooms _____ Baths _____

Use the space below to describe utilities included in the listing.

Appliances _____

Monthly Rent: _____ Deposit: _____ Lease: _____

Pets: _____

Use the space below to add any other information that would be helpful to prospective tenants

Contact in ad: _____ (phone, or email address)

Your Name: _____

Address: _____

City: _____ State: _____ Phone: _____

E-mail: _____

_____ I would like more information on membership in the Lakeshore Apartment Association. Please contact me.

Make check payable to Lakeshore Apartment Association and mail with this form to:

sheboyganarearentals.com
P.O. Box 1312
Sheboygan, WI 53082

Office use only: Date Ad ends: _____ Date check deposited: _____