

Property Name:		
Primary Address <i>(must be a physical NC address):</i>		
City:	State: North Carolina	Zip <i>(Five Digit):</i>
Primary Telephone:	Toll-Free Telephone:	Fax:
<i>Circle:</i> Business    Home    Cell		
Property Description: <i>(max 1,000 characters including spaces, or approximately 125 words.)</i>		
Email:		
Web Address:		
<b>Amenities available on property site: Choose as many as apply</b>		
<input type="checkbox"/> # Bedrooms: 1-3 <input type="checkbox"/> # Bedrooms: 4-6 <input type="checkbox"/> # Bedrooms: 7-9 <input type="checkbox"/> # Bedrooms: 10 or More <input type="checkbox"/> Air-conditioning <input type="checkbox"/> Bicycle Trail – Off-Road <input type="checkbox"/> Bicycle Trail – On-Road <input type="checkbox"/> Boating <input type="checkbox"/> Children Welcome <input type="checkbox"/> Children of Certain Age Only <input type="checkbox"/> Complimentary Continental Breakfast <input type="checkbox"/> Complimentary Full Breakfast <input type="checkbox"/> Elevator <input type="checkbox"/> Exercise / Fitness Room <input type="checkbox"/> Fireplace or Woodstove	<input type="checkbox"/> Fishing <input type="checkbox"/> Full Kitchen <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Hiking Trail <input type="checkbox"/> Hot Tub in Rental Unit <input type="checkbox"/> Hot Tub on Property <input type="checkbox"/> Internet Access <input type="checkbox"/> Internet Access – High Speed <input type="checkbox"/> Internet Access – Wireless <input type="checkbox"/> Laundry in Unit <input type="checkbox"/> Laundry on Site <input type="checkbox"/> Linens – Not Supplied <input type="checkbox"/> Linens – Supplied <input type="checkbox"/> Location – Ocean Front <input type="checkbox"/> Location – Sound Front	<input type="checkbox"/> Location – Waterfront <input type="checkbox"/> Member of NC Assoc. of Realtors <input type="checkbox"/> Microwave <input type="checkbox"/> Pet Friendly <input type="checkbox"/> Refrigerator <input type="checkbox"/> Reservation Deposit Required <input type="checkbox"/> Restaurant On Site <input type="checkbox"/> Sauna <input type="checkbox"/> Smoking – Non-Smoking Only <input type="checkbox"/> Smoking – Non-Smoking Units Available <input type="checkbox"/> Spa Facilities <input type="checkbox"/> Swimming – Outdoor Pool <input type="checkbox"/> Swimming – Indoor Pool <input type="checkbox"/> Swimming – Beach <input type="checkbox"/> Swimming – Lake <input type="checkbox"/> Swimming – River
Season of Operation:	General Contact:	Number of Rental Units:
Driving Directions:		
<i>Thank you for taking time to fill out this form. Please fax it back to your county contact:</i>		