**Iowa Medical Partners**

**Property Listing Form**

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| --- | --- |
| Listing Title: | Click here to enter text.  |
| Sale / Rent: | For Sale [ ]  For Rent [ ]  |
| Price: | $Click here to enter text. per month [ ]  |
| Address: | Street City Zip Code |
| Listed By: | Owner [ ]  Agent [ ]  |
|  |  |
| Square Footage: | Click here to enter text. |
| Bedrooms: | Click here to enter text. |
| Bathrooms: | Click here to enter text. |
| Description: | Click here to enter text. |
|  |  |
| Contact Name: | Click here to enter text. |
| Contact Phone: | Click here to enter text. |
| Contact E-Mail: | Click here to enter text. |
| Contact Website | Click here to enter text. |
|  |  |

\*\*\*PLEASE REMEMBER TO RETURN TO IMP.org TO SUBMIT YOUR PAYMENT\*\*\*

Thank you!