



Crystal Investment Property  
Property Data Collection Form

**Property Information**

Motel Name:	Street Address:	
City:	State:	Zip:
Phone:	Fax:	E-Mail:
Contact:	Title:	

**Legal Discription**

Owner's name:		
Street address:	Suite:	PO Box:
City:	State:	Zip:
Tax Lot (s):		
Lot No. :	Block:	Subdivision:
Parcel Size (SqFt):	Other:	

**Facility Information**

Year Built:	Last Remodel:	Construction:	
Roof:	No. Story:	Shape:	
Corridors- Interior:	Exterior:		
Pool- Interior:	Exterior:	Exercise Room :	Spa:
Meeting Room:	Size:	Gift Shop:	
Resturant:	Lounge:	Loby Area:	Size:
Bathrooms- Tub/Shower:	Shower:	Covered Entry:	
Electronic Door Locks:	Breakfast Room:	Business Center:	
Elevator:	No. Parking Spaces:		
Room to Expand:	No. Units:		
Sewer:	Septic System:		
City Utilities-Gas:	Electricity:	Water:	
Well:	Cable TV:	Satellite System:	
Number Guest Rooms:	No. Queens:	No. Kings:	
No. Queen/Queen:	No. Suites Kings:	No. Suites Spa:	
No. Kitchenettes:	No. Executive Suites:	No. Other:	
No. Other:	Blackout Drapes:	Sheer Drapes:	
Telephones:	Voice Mail:	Data Ports:	
HVAC-Central:	Wall Units:		
Guest Laundry:	Owned:	Leased:	
Laundry Room :			

**Franchise Information**

Franchised- Yes:	No:	Independent-Yes:	No:
Name of Franchise:		Date Franchised:	Term of Contract:
Last Inspection :		Inspection Score:	Franchise Rating:
AAA Rating:		Name of Area Representative:	
Property Improvements Pending:			
Estimated Costs: \$			

Leases	Remaining Term	Assumable
Ground	Payment	
Billboard	Payment	
Telephone	Payment	
Signs	Payment	
TV's	Payment	
FF&E	Payment	
Ice Machine	Payment	
Pop Machine	Payment	
Laundry Equipement	Payment	
Copier	Payment	
Fax	Payment	