FOCUS PROPERTY MANAGEMENT ATTACHMENT

Start Date	**Account #**

Management Company: Barkan Management Company, Inc.

Company Information

PROPERTY NAME:

1. Address:	
2. # Of Units	

3. Main Office #		**Private Office #**	
Maintenance Office #		**Leasing Office #**	
Fax #		**Give Out Fax #?**	☐ YES ☐ NO
Website		**Give Out Website?**	☐ YES ☐ NO
Email Address		**Give Out Email Address?**	☐ YES ☐ NO

4. Office Hours:

5. Manager

Home #:	**Cell #**	**Other #**

6. Assistant Manager

Home #:	**Cell #**	**Other #:**

7. Street Names On The Property:

PAGING INSTRUCTIONS			
1. Security on Property?			☐ YES ☐ NO
If Yes, Security Officer's Information:			
What Situations Are Dispatched?			
What Are The Dispatch Instructions?			
2. Noise/Domestic Disturbances/Loitering			
☐ a. Tell Call To Call The Police, Take A Message For The Office			
☐ b. Notify Security:			
☐ c. Other:			
3. Lockout Service?			☐ YES ☐ NO
If Yes, Cost?		Id Required?	☐ YES ☐ NO
Special Information:			
4. Senior Citizens/Disabled Residents with Special Needs?			☐ YES ☐ NO
Name:			
Address:			
Name:			
Address:			
5. Relative/Friend Cannot Be Reached:			
☐ a. Call Maintenance			
☐ b. Notify Security			
☐ c. Other:			
6. Barbecue On The Balcony:			
☐ a. Notify Maintenance			
☐ b. Notify Security			
☐ c. Notify Management			
☐ d. Advise Caller To Notify Police			
☐ e. Other:			
7. Is Parking Reserved?			☐ YES ☐ NO

a. Dispatch Maintenance If Someone Is Parked In Their Space?	☐ YES ☐ NO
b. Give Towing Information If Their Car Has Been Towed	☐ YES ☐ NO
8. If Parked In A Handicapped Spot, Call:	
☐ a. Notify Maintenance	
☐ b. Notify Security	
☐ c. Advise Caller To Notify Police	
9. Towing Co.	Telephone #:
10. Does Property Have A Pool?	☐ YES ☐ NO
a. Pool Days And Hours:	
b. Pool Phone #:	
11. Are Laundry Rooms Locked?	☐ YES ☐ NO
Dispatch If Locked?	☐ YES ☐ NO
12. Is There A Club/Party/Exercise Room?	☐ YES ☐ NO
a. Hours:	
b. Dispatch If Locked?	☐ YES ☐ NO
c. Dispatch to Whom?	

ON-CALL

1. Who is the first on-call when service starts?			
a. Do you rotate your on-call? If so, how often?			☐ YES ☐ NO
Daily	Weekly	Bi-Weekly	Monthly
b. Which day of the week?			
2. To obtain your on-call information, would you prefer?			
☐ a. Fax on-call information to Focus			
☐ b. Email			
☐ c. Mail on-call information to Focus			
☐ d. You call us (MUST call between 10 a.m. – 3 p.m. to avoid after-hours on-call changes)			
3. Contact person for on-call schedule?			
4. Continue paging after 2 hours of no response for regular emergencies			☐ YES ☐ NO
1. Special instructions:			

ON-CALL PROCEDURES	
1. FIRST CALL	TITLE:
HOME #:	CELL #:
OTHER #:	EMAIL:
2. SECOND CALL	TITLE
HOME #:	CELL #:
OTHER #:	EMAIL:
3. THIRD CALL	TITLE
HOME #:	CELL #:
OTHER #:	EMAIL:
4. FOURTH CALL	TITLE
HOME #:	CELL #:
OTHER #:	EMAIL:

FOCUS DEFAULT POLICY: Focus as designed a set of default policies that cover most situations that occur on properties. If there are no individual instructions for a particular problem listed in your account information, our dispatchers will follow the Focus default policy. This policy serves as a guideline only – there are always "gray area" calls. Focus reserves the right to call the on-call personnel or management where there is any uncertainty.

Dispatching the call to the on-call person does not mean that he/she must take care of the problem at that time. Our operators are not on the property to see the problem and it is often much safer for all concerned to notify the on-call and let him/her decide.

DIRE EMERGENCIES	
	DISPATCH TO ON-CALL?>
1. Fire	☐ YES ☐ NO
2. Flood	☐ YES ☐ NO
3. Smell of Smoke	☐ YES ☐ NO
4. Strong smell of natural gas	☐ YES ☐ NO
5. Sparking electrical switches/sockets	☐ YES ☐ NO
6. Storm damage	☐ YES ☐ NO
7. Elevator trap	☐ YES ☐ NO
8. Alarms	☐ YES ☐ NO

REGULAR EMERGENCIES	
	DISPATCH TO ON-CALL?>
1. Fire/Smoke Alarm	☐ YES ☐ NO
2. Lights out in a unit	☐ YES ☐ NO
3. Lights out in common area	☐ YES ☐ NO
4. Trash/waste in common area	☐ YES ☐ NO
5. Bird/animal trapped	☐ YES ☐ NO
6. Rodents/insects/animals	☐ YES ☐ NO
7. Elevator problems	☐ YES ☐ NO
Elevator Company:	Telephone #
8. Electrical Outages	
Partial?	☐ YES ☐ NO
Total?	☐ YES ☐ NO
9. No heat	
Boiler/whole building?	☐ YES ☐ NO
Individual?	☐ YES ☐ NO
10. Gas	
Smell of?	☐ YES ☐ NO
Pilot light out?	☐ YES ☐ NO
11. No A/C	☐ YES ☐ NO
Only if medical slip on file?	☐ YES ☐ NO
12. Stoppages	
All drains?	☐ YES ☐ NO
One drain?	☐ YES ☐ NO
13. Back-ups	☐ YES ☐ NO
14. Toilets	
Won't flush?	☐ YES ☐ NO
Overflows when flushed?	☐ YES ☐ NO
Has more than one?	☐ YES ☐ NO

REGULAR EMERGENCIES		
15. Injury/fall	☐ YES	☐ NO
Dispatch to Resident Manager	☐ YES	☐ NO
16. Ice/Snow	☐ YES	☐ NO
17. Non-vital utility person	☐ YES	☐ NO
18. Vital utility person	☐ YES	☐ NO
19. Potential hazard	☐ YES	☐ NO
20. No hot water	☐ YES	☐ NO
21. No water	☐ YES	☐ NO
22. Leaks	☐ YES	☐ NO
23. Broken window/glass door	☐ YES	☐ NO
24. Non-essential appliances	☐ YES	☐ NO
25. Refrigerator not working	☐ YES	☐ NO
NOTIFY RESIDENT MANAGER FOR:		
1. Stolen cars	☐ YES	☐ NO
2. Vandalism	☐ YES	☐ NO
3. Burglary	☐ YES	☐ NO
Other:		