**Iowa Medical Partners**

**Property Listing Form**

|  |  |
| --- | --- |
| 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!