



# MI-HQ Inquiry Sheet

Date:		Time:		
How did you learn about us?	<input type="checkbox"/> Word of mouth _____	<input type="checkbox"/> Website / FB	<input type="checkbox"/> Drive-by / Walk-in	<input type="checkbox"/> Obsv. Ad
Main Interest / Square footage _____		Potential Move-In _____		
<input type="checkbox"/> Office	<input type="checkbox"/> Lab	<input type="checkbox"/> Co-Work	<input type="checkbox"/> Storage	<input type="checkbox"/> Other _____
Name of Individual:				
Name of Company:				
Address:				
Phone:				
Email:				
Type of Company:				
Notes:				
Tour?				
Next steps?				
Recorded by:				