



Desert
H.O.A.
Management

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Management Services Bid Form

Community Name: _____ Point of Contact: _____

Phone: _____ E-mail: _____

Number of Homes/ Units: _____ Clubhouse: Yes / No (Circle one)

Unit types: Single Family | Condos | Towhomes (Circle all that apply)

Billing Cycle: Monthly | Quarterly | Semi-Annually | Annually (Circle one)

Pool(s): Yes / No (Circle one) If yes, how many: _____ Gated: Yes / No (Circle one)

Meeting Frequency: Monthly | Bi-Monthly | Quarterly (Circle One)

Other Amenities: (Circle all that apply and indicate how many)

- Parks _____
- Tennis Courts _____
- Volleyball Courts _____
- Basketball Courts _____
- Playgrounds _____
- Workout Facilities/ Gyms _____
- Water Features _____
 - Splash pads _____
 - Fountains _____
 - Ponds _____
 - Lakes _____
 - Other _____
- Other amenities (list below)

