

# **CANTAMAR AT MORNINGVIEW CONDOMINIUM ASSOCIATION**

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454  
757-486-6000 fax: 757-486-6988 or visit us at [www.theselectgroup.us](http://www.theselectgroup.us)

## **OWNER INFORMATION FORM**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If using an alternate address, is this still a residence that you reside in either full or part time? \_\_\_\_

If not, then who is residing in unit? \_\_\_\_\_

Is this person a relative? \_\_\_\_ If so, what relation are they to you? \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## **TENANT INFORMATION IF YOU ARE LEASING YOUR UNIT**

(If you haven't already, please be sure to forward a copy of the lease to The Select Group.)

Tenant Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Start & End Dates of Lease: \_\_\_\_\_

If you retain the services of a leasing agent, please list the name, address, phone number and email address of the agent:

\_\_\_\_\_  
\_\_\_\_\_

**Return completed form to the address or fax number provided above, or by email to the management team listed on our website.**