

Crossbridge Commons Condominium Association, Inc.

RESIDENT 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 no, then who is residing in the unit? _____

Is this person a relative? _____ If so what relation are they to you? _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident Name(s): _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

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

of the agent: _____

Do you have a current set of Documents and Bylaws containing the Rules
& Regulations of the Association?

☐ Yes ☐ No

If leasing your unit, are your tenants familiar with these Documents and Bylaws?

☐ Yes ☐ No

***The information on this form is for office use only and will be held in strictest confidence.**