Lighthouse Point Condominium Association

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454 Office: (757) 486-6000 Fax: (757) 486-6988 Website: www.theselectgroup.us

Resident Information Form

City:State:	Owner Name:		
If no, then who is residing in the unit? Is this person a relative? If so, what relation are they to you? Phone: (h)	Address:		
If using an alternate address, is this still a residence that you reside in either full or part time?	Alternate Address (if applicable	e):	
(If you are leasing your unit) Resident Name(s):	City:	State:	Zip:
Is this person a relative?If so, what relation are they to you?Phone: (h)(w)(c)	If using an alternate address, is	this still a residence that you reside in	n either full or part time?
Phone: (h)	If no, then who is residing in th	e unit?	
Email Address: Emergency Contact: Phone: (h)	Is this person a relative?	If so, what relation are t	hey to you?
Emergency Contact:	Phone: (h)	(w)	(c)
Phone: (h)	Email Address:		
TENANT INFORMATION (If you are leasing your unit) Resident Name(s):	Emergency Contact:		
(If you are leasing your unit) Resident Name(s):	Phone: (h)	(w)	(c)
Phone: (h)			
Email:	Resident Name(s):		
(Please be sure to forward a copy of the lease to The Select Group, Inc.)	Phone: (h)	(w)	(c)
If you retain the services of a leasing agent, please list the name, address and phone number of the agent:	Email:(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, a	address and phone number of the agent:

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