

1008 Westover Condominium Association

Resident Information Form

Owner Name: _____

Address: _____

Alternate Address (if applicable) _____

City: _____ State: _____ Zip: _____

If using an alternate address, is this 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: (h) _____ (w) _____ (c) _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information (If you are leasing your unit)

Resident Name(s): _____

Phone: (h) _____ (w) _____ (c) _____

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:

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

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

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454

Phone: (757) 486-6000 Fax: (757) 486-6988

www.theselectgroup.us