

# BAYVIEW SHORES CONDOMINIUM ASSOCIATION

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## Resident Information Form

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

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

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

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? \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### **Tenant Information**

**(If you are leasing your unit.)**

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

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

Lease Term: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

\_\_\_\_\_

**\*Information is used for Association business & emergencies only & is held in strictest confidence.\***