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## **Resident Information Form**

Owner Name:			
Address:			
Alternate Mailing Address (if a	pplicable):		
City:		State:	Zip:
If using an alternate address, is	this still a residence	that you reside in eith	er full or part time?
If not, then who is residing in u	nit?		
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)
		nformation asing your unit)	
Tenant Name:			
Phone: (h)	(w)		(c)
Email Address:			
Lease Dates (From and To): (If you haven't already done	so, please be sure to	o forward a copy of t	the lease to The Select Group.)
If you retain the services of a le address of the agent:	asing agent, please l	ist the name, address,	phone number and email