

BEACH BAY CONDOMINIUM ASSOCIATION

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

Please forward the completed form to :

Beach Bay Condominium Association
c/o THE SELECT GROUP, INC.
2224 VIRGINIA BEACH BLVD #201
VIRGINIA BEACH VA 23454
Email: nchance@theselectgroup.us
Fax: 757-486-6988

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

**c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
(757) 486-6000 fax: (757) 486-6988**

Email: select@theselectgroup.us website: www.theselectgroup.us