

# *Atlantic Place Condominium Association, Inc.*

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454(757) 486-6000 fax: (757) 486-6988  
email: select@theselectgroup.us

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## **Tenant Information Form**

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

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

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

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

Names of all Persons residing in the Unit: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

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

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

## **Owner/Agent Information**

Owner/Agent Name: \_\_\_\_\_

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

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

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

**Please return this completed form to the Association via mail, fax, or email as provided on this form.**

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