BAYVIEW SHORES CONDOMINIUM ASSOCIATION

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Tenant Information Form

Tenant Name:		
Address:		
Alternate Address (if applicable):		
City, State, Zip:		
Phone: (h)	(w)	_(c)
Email Address:		
Who is residing in unit?		
Emergency Contact:	Relati	onship:
Phone: (h)	(w)	_(c)
Owner or Leasing Agent 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.

c/o The Select Group, Inc., 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