



Bishops  
Court  
A PRIVATE COMMUNITY  
(IN CHURCH POINT)

## 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? **Yes or No**

If no, then who is residing in the unit? \_\_\_\_\_

Is this person a relative? **Yes or No** 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

**\*The information on this form is for office use only and will be held in strictest confidence.  
Return completed form to the address or fax number provided below, or by email to the management team listed on our website.**