

Chancellor Walk Condominium Association, Inc.

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 Fax: (757) 486-6988 email: <u>select@TheSelectGroup.us</u> or visit us at <u>www.theselectgroup.us</u>

Resident Information Form

Owner Name:			
Address:			
Alternate Address (if applicable):			
City:	State:	Zip:	
If using an alternate address, is thi	s still a residence that you resi	de in either full or part time?	
If no, then who is residing in the u	mit?		
Is this person a relative?	If so what relation a	are they to you?	
Phone: (h)	(w)	<u>(c)</u>	
Email address:			
Emergency Contact:	R	elationship:	
Phone: (h)	(w)	(c)	
(Please be s	TENANT INFORM (IF YOU ARE LEASING sure to forward a copy of the le	YOUR UNIT)	
Resident Name(s):			
Phone: (h)	(w)	(c)	
Email address:			
If you retain the services of a least	ing agent, please list the name,	address and phone number of the agent	

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