

## **Owner Information Form**

Owner Name:				
Address:				
Alternate Address (if applicable): _				
City:		State:	Zip:	
Phone: (h)	(w)		_(c)	
Email address:				
If using an alternate addres	ss, is this still	a residence that you res	ide in either full or part tir	ne?
If no, then who is residing	in the unit? _			
Is this person a relative? If so, what relation are they to you?				
Emergency Contact:		Relationship:		
Phone: (h)	(w)		_(c)	
		at Information e leasing your unit)		
Resident Name(s):	_			
Phone: (h)	(w)		_(c)	
Email address:	Convend a co	ny of the leage to The S	Calcat Crown Inc.)	
(Flease de sure to i	orwaru a co	py of the lease to The S	elect Group, Inc.)	
If you retain the services of a lea	asing agent,	please list the name, a	ddress and phone numb	er:
If using an alternate address If no, then who is residing Is this person a relative?  Emergency Contact:  Phone: (h)  Resident Name(s):  Phone: (h)  Email address:  (Please be sure to formal states and sure to formal states are to formal states and sure to formal states and sure to formal states are to formal states and sure to formal states are to formal states and states are to formal states and states are to formal states and states are to formal	(w)(w)	a residence that you residence that you residence a residence that you residence a residence at Information releasing your unit)	e they to you? onship:(c)	ne?

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

Return completed form to The Select Group via the address or fax number provided below or email to the management team on our website.