

Vista Pointe Condominium Association, Inc.

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 _____

If no, then who is residing in the unit _____

Is this person a relative _____ 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: _____**

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

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
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email: select@theselectgroup.us or visit our website: www.theselectgroup.us