

## Condominium Association, Inc.

## **OWNER INFORMATION FORM**

Owner Name			
Address:			
Alternate Address (if applicable	9):		
City:	State:	Zip:	
Telephone Number: (H)	(W)	(C)	
Email Address:			
(	ANT INFOR  IF YOU ARE LEASING YOU  a copy of the lease to The S		
Resident Name(s):			
Telephone Number: (H)	(W)	(C)	
Email Address:			
Lease Start Date:	Lease Er	Lease End Date:	
If you retain the services o and email address for agen		st the name, address, phone number	
Do you have a current set of Do Rules & Regulations of the Ass	•	g the □Yes □No	
If leasing your unit, are your ter	nants familiar with these Docum	nents and Bylaws? □Yes □No	
Please forward this form to:	THE SELECT GROUP, INC. 2224 VIRGINIA BEACH BLVD #201 VIRGINIA BEACH VA 23454 Fax; (757) 486-6988 or email: select@theselectgroup.us		

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