Wimbledon Chase at River Pointe Condominium Association, Inc.

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

Resident Information Form

Owner Name:				
Address:				
Alternate Address (if applica	ble):			
City:		State:	Zip:	
If using an alternate address,	is this still a residence	that you reside in eith	ner 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: (h)	(w)		_(c)	
Email address:				
Emergency Contact:		Relationship:		
Phone: (h)	<u>(w)</u>		_(c)	
		<u>nformation</u> asing your unit)		
Resident Name(s):				
Phone: (h)	(w)		_(c)	
Email address:(Please be su	re to forward a copy o		elect Group, Inc.)	
If you retain the services of a	leasing agent, please l	ist 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.