

Stockley Gardens Condominium Association, Inc.

Resident Information Form

Owner Name:			—
Address:			
Alternate Address (if applic	able):		
City:	State:	Zip:	
If using an alternate address	, is this still a residence that yo	u reside in either full or part time?	
If no, then who is residing is	n the unit?		
Is this person a relative?	If so what relation are the	y to you?	
Phone: (h)	(w)	(c)	
Email address:			
Emergency Contact:	Relationship:		
Phone: (h)	(w)	(c)	
	<u>Tenant Inform</u> (If you are leasing y		
Resident Name(s):			
Phone: (h)	(w)	(c)	
Email address:(Please be so	ure to forward a copy of the lo	ease to The Select Group, Inc.)	
If you retain the services of	a leasing agent, please list the r	name, address and phone number of the agent	t:

*The information on this form is for office use only and will be held in strictest confidence. Return completed form to the address or fax number provided above, or by email to the management team listed on our website

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454 Office: (757) 486-6000 Fax: (757) 486-6988

Email: select@theselectgroup.us or visit us at www.theselectgroup.us