



RESIDENT INFORMATION FORM

Owner Name: _____

Address of Unit: _____

Alternate Mailing 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: _____

Start & End Dates of Lease: _____

(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: _____

Do you have a current set of Documents and Bylaws containing the Rules
& Regulations of the Association? Yes No

If leasing your unit, are your tenants familiar with these Documents and Bylaws? Yes No

Please forward the completed form to:

Mill Point Community Association
c/o THE SELECT GROUP, INC.
2224 VIRGINIA BEACH BLVD #201
VIRGINIA BEACH VA 23454
Email: select@theselectgroup.us
Fax: 757-486-6988