



*Lynnhaven Shores  
Condominium Association*

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**TENANT INFORMATION FORM**

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names of all Persons Residing in the Unit: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Owner/Agent Information**

Owner/Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please return this completed form to the Association via mail, fax, or email as provided on this form.**

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