

Condominium Association, Inc.

OWNER INFORMATION FORM

Alternate Address (if applic	able):	
City:		State:Zip:
Phone: Home:	Work:	Cell:
Email address:		
If using an alternate	address, is this still a residen	ce that you reside in either full or part tim
If no, then who is re	esiding in the unit	
Is this person a rela	tive If so what relat	ion are they to you
Emergency Contact:		Relationship:
Phone: Home:	Work:	Cell:
	TENANT INFOR (IF YOU ARE LEASIN	
Resident Name:		
Phone: Home:	Work:	Cell:
Email address: (Please be s u	ure to forward a copy of the	lease to The Select Group, Inc.)
Leasing Agent (if applicable)	:	

Please return completed form to The Select Group via mail or fax as provided below, or email to the management team as listed on our website.

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