

BEACH CLUB II

CONDOMINIUM ASSOCIATION, INC.

RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

Alternate 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: (h) _____ (w) _____ (c) _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information

If you are leasing your unit, Rule #14 of the Association's Rules & Regulations require the unit owner provide a copy of the lease to the Association. It may be mailed or faxed as provided below, or emailed to malcala@theselectgroup.us.

Also please provide Tenant with Condo Documents and Rules & Regulations.

Resident Name(s): _____

Phone: (h) _____ (w) _____ (c) _____

If you retain the services of a leasing agent, please list 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.**

Please return completed form to The Select Group at the address or fax number provided below or email to malcala@theselectgroup.us

**c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: cweis@theselectgroup.us or visit us at www.theselectgroup.us**