

# ALGONQUIN HOUSE CONDOMINIUM ASSOCIATION

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## OWNER INFORMATION FORM

Owner Name: \_\_\_\_\_

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

Alternate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email address: \_\_\_\_\_

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 \_\_\_\_\_

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

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

## TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

Leasing Agent (if applicable): \_\_\_\_\_

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**CHECK HERE IF ASSISTANCE IS REQUESTED FOR ASSOCIATION FIRE DRILLS  
OR EMERGENCY EXITING OF THE BUILDING.**

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

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

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454  
(757) 486-6000 Fax: (757) 486-6988 Front Desk (757) 423-5151  
email: [msmith@theselectgroup.us](mailto:msmith@theselectgroup.us) or visit us on the web: [www.theselectgroup.us](http://www.theselectgroup.us)