

# *Atlantic Place*

## *Condominium Association, Inc.*

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c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454  
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### **TENANT INFORMATION FORM**

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### **Owner/Agent Information**

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

**Please return this completed form to The Select Group via mail or fax as provided above.  
or email to [mromero@theselectgroup.us](mailto:mromero@theselectgroup.us)**