

**BAY QUARTER**  
**CONDOMINIUM ASSOCIATION, INC.**

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**RESIDENT INFORMATION FORM**

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

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

Alternate Mailing 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 not, then who is residing in 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)

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

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

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

Lease Dates (From and To): \_\_\_\_\_

(If you haven't already done so, please be sure to forward a copy of the lease to The Select Group.)

If you retain the services of a leasing agent, please list the name, address, phone number and email address of the agent:

\_\_\_\_\_

\_\_\_\_\_

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

**Return completed form to the address or fax number above  
or email to: [mromero@theselectgroup.us](mailto:mromero@theselectgroup.us)**