



**RESIDENT INFORMATION FORM**

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

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

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

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

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

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

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

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

**\*PLEASE NOTE:** If you do not reside in the unit, please be advised that the Association has a maximum rental cap of 3 units; see Amendment Relating to Lease Policy.

You must obtain Association approval first should you wish to lease your unit. See Rules and Regulations for the approval process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Information is used for Association business & emergencies only & is held in strictest confidence.\***

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