

# *Bay View Shores*

## A Condominium

### **TENANT INFORMATION FORM**

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

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

Lease Term: \_\_\_\_\_

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

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

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

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

### **Owner/Agent Information**

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

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

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

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

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

**Return completed form to the address or fax number or email to:  
acosby@theselectgroup.us**