



Condominium Association, Inc.

RESIDENT INFORMATION FORM

Owner Name: _____

Unit Address: _____

Alternate Mailing Address (if applicable)*: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Email address: _____

***PLEASE NOTE:** If you do not reside in the unit, please be advised that the Association has a maximum rental cap of 16 units; see Leasing Amendment.

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

Signature

Date

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

Return completed form to The Select Group at the address or fax number provided below
or email to acosby@theselectgroup.us

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
(757) 486-6000 fax: (757) 486-6988 email: vdurham@theselectgroup.us or www.theselectgroup.us