



Condominium Association, Inc.

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 Information

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

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

**c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 Fax: (757) 486-6988 email: itorres@theselectgroup.us website: www.theselectgroup.us**