

Crossbridge Commons Condominium Association, Inc.

c/o The Select Group, Inc. • 2224 Virginia Beach Boulevard, Suite 201 Virginia Beach, Virginia 23454
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RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

Alternate 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 no, then who is residing in the unit? _____

Is this person a relative? _____ If so what relation are they to you? _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident Name(s): _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Lease Start Date: _____ Lease End Date: _____

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

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

Do you have a current set of Documents and Bylaws containing the Rules & Regulations of the Association? ☐ Yes ☐ No

If leasing your unit, are your tenants familiar with these Documents and Bylaws? ☐ Yes ☐ No

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

Please return completed form to the address, or fax number above or
email to: jstrickland@theselectgroup.us