

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 Select Group at the address, fax number,
or email address provided above.**