



HOA OF CAPTAINS LANDING, INC.

OWNER INFORMATION FORM

Owner Name: _____

Address: _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

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

Email address: _____

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 home? _____

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

Emergency Contact: _____ Relationship: _____

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

If you are leasing your home - Tenant Information

(Don't forget to forward a copy of the executed lease to The Select Group.)

Resident Name(s): _____

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

Email address: _____

Managing Agent (if applicable): _____

The information on this form is for emergency and Association use only and is held in strictest confidence.

Return completed form to the address or fax number below or email to:

acosby@theselectgroup.us

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