

THE COMMONS CONDOMINIUM ASSOCIATION, Inc.

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email: vdurham@theselectgroup.us website: www.theselectgroup.us

RESIDENT INFORMATION FORM

Owner Name:			
Address:			
Alternate Address (if applicable):_			
City:	State:	Zip:	
If using an alternate address, is this	s still a residence that y	ou reside in either full or part time?	
If no, then who is residing in the un	nit?		
Is this person a relative?	If so what relati	on are they to you?	
Phone: (h)	(w)	(c)	
Email address:			
		Relationship:	
Phone: (h)	(w)	(c)	
	Tenant Inform (If you are leasing		
Resident Name(s):			
Phone: (h)	(w)	(c)	
Email address:(Please be sure to t	forward a copy of the	lease to The Select Group, Inc.)	
If you retain the services of a leasing	ng agent, please list the	e name, address, and phone number:	
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*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 cdoneff@theselectgroup.us