Constance Woods Condominium Association

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
Phone: (757) 486-6000 Fax: (757) 486-6988
Email: rphippins@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 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: (h)_____(w)_____(c)_____

Email address: _____

Emergency Contact: _____ Relationship: _____

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

TENANT INFORMATION
(IF YOU ARE LEASING YOUR UNIT)

Resident Name(s): _____

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

Email address: _____

(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:

_____

_____

If leasing your unit have you provided the Association with a copy of the current lease? _____

****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 or fax number provided above or above or email to reaster@theselectgroup.us