



Condominium Association, Inc.



RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

Alternate Mailing 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, complete tenant information below and if a relative, put what relation next to the name.

Emergency Contact: _____ Relationship: _____

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

Email address: _____

Tenant Information
(If you have a tenant/leasing your unit)

Resident Name(s): _____

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

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, and email address of the agent:

All information obtained is for Association business and emergency use only and is held in strictest confidence.

**Return completed form to The Select Group at the address or fax below
or email to acosby@theselectgroup.us**