

# Gunn Hall Condominium Association



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## TENANT INFORMATION FORM

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names of all Persons Residing in the Unit: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Owner/Agent Information

Owner/Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Information obtained is for Association business and emergencies only  
and is held in strictest confidence.**

**Please return completed form to the address or fax number provided below or  
email to [abell@theselectgroup.us](mailto:abell@theselectgroup.us)**