



HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.

RESIDENT REGISTRATION / DIRECTORY FORM

Please indicate the information you wish to have published in a Resident Directory. If you choose not to participate, please complete name, address and signature then mark "NO" in the space below.

Unit Owner Name: _____

Unit Address: _____

Alternate Address (if applicable): _____

Telephone Number: (H) _____ (W) _____ (C) _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Telephone Number: (H) _____ (W) _____ (C) _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident Name: _____

Telephone Number: (H) _____ (W) _____ (C) _____

Email address: _____

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

***All information is used for Association business only and is held in strictest confidence.**

I authorize the above information to be published in the Resident Directory: Yes No

Signed: _____ Dated: _____

Please return completed form to: The Select Group at the address or fax number or email to jstrickland@theselectgroup.us