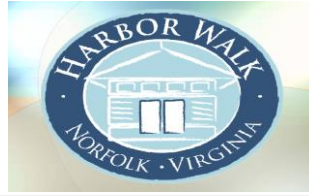


Harbor Walk Condominium Association, Inc.



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 _____

***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 below
or email to cdoneff@theselectgroup.us**

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: bjohnson@theselectgroup.us website: www.theselectgroup.us