



# AT BAKER, A CONDOMINIUM ASSOCIATION, INC.

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

## RESIDENT INFORMATION FORM

Owner Name: \_\_\_\_\_

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

Alternate Mailing Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

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? \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email address: \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### **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 of the agent:

\_\_\_\_\_

**\*Information obtained is for Association business and emergency use only and is in strictest confidence.**

**Please return completed form to The Select Group at the address or fax number above  
or email to [acosby@theselectgroup.us](mailto:acosby@theselectgroup.us)**