



Lynnhaven Shores Condominium Association

RESIDENT INFORMATION FORM

Owner Name: _____

Unit 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? _____

Is this person a relative? _____ If so what relation are they to you? _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT INFORMATION (If leasing your unit)

Resident Name(s): _____

Phone: Home: _____ Work: _____ Cell: _____

Start and End Dates of Lease: _____

(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:

Do you have a current set of Documents and Bylaws containing the Rules & Regulations of the Association?
 Yes No

If leasing your unit, are your tenants familiar with these Documents and Bylaws? Yes No

**Please return completed form to The Select Group at the address or fax number provided below or
email to afleetwood@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: rhippkins@theselectgroup.us website: www.theselectgroup.us