



*Lynnhaven Shores
Condominium Association*

TENANT INFORMATION FORM

Tenant Name: _____

Address: _____

Phone: 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: _____

Phone: Home: _____ Work: _____ Cell: _____

Owner/Agent Information

Owner/Agent Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

***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 mchu@theselectgroup.us**