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# ***MILL CREEK CONDOMINIUM ASSOCIATION, INC.***

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*c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454  
(757) 486-6000 ♦ Fax: (757) 486-6988 email: [srobinson@theselectgroup.us](mailto:srobinson@theselectgroup.us) ♦ Website: [www.theselectgroup.us](http://www.theselectgroup.us)*

## **OWNER INFORMATION FORM**

In an effort to maintain updated Association records, we would appreciate your completing the following information. Access to this information will be held in the strictest confidence and will only be utilized should Management or the Board of Directors deem it necessary. Mail the completed form to The Select Group, Inc at the address on this letter. Thank you for your cooperation.

Name(s) of Unit Owner(s): \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive community updates, project announcements, etc. from the Association via email?  
 Yes  No If yes, please provide your email address: \_\_\_\_\_

Would you like your name and phone added to the Mill Creek Resident Directory which is distributed only to Mill Creek homeowners and residents?  Yes  No

If using an alternate address, is this still a residence that you reside in either full or part time?  Yes  No

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: \_\_\_\_\_

### **PLEASE COMPLETE THE FOLLOWING INFORMATION TO BE USED FOR THE MASTER INSURANCE:**

What date did you close on your unit? \_\_\_\_\_

What is the name and address of your mortgage holder? \_\_\_\_\_

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

Do you own a pet?  Yes  No (If "Yes," you will be sent a Pet Registration form to complete)

**Owner Information Form**

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Do you have a gate opener? Yes No (If no and you would like to purchase one, they are available at The Select Group for \$20.00 per remote.)

Have you signed up for your two-digit gate code so you can grant access to the community for your visitors?  
Yes No (If no, please contact The Select Group, 757-486-6000 ext. 3026)

**COMPLETE VEHICLE INFORMATION BELOW to prevent towing of vehicles authorized to park in the community.**

YEAR/MAKE/MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

If you have been approved by the Association Board to use your unit as a rental, will your unit be professionally managed? If yes, please provide the name, address and phone numbers of your managing agent:

Agent's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If renting your unit, are your tenants familiar with these Documents and By Laws? Yes No

Do your tenants own a pet? Yes No (If "Yes," they will be sent a Pet Registration form to complete)

**COMPLETE VEHICLE INFORMATION BELOW OF ALL VEHICLES TO BE PARKED IN THE COMMUNITY BY YOUR TENANTS.** This information is important to prevent towing of vehicles authorized to park in the community.

YEAR/MAKE/MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

TENANT Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Please return completed form to The Select Group at the address or fax number at the top of the front page or email to [ygoodwin@theselectgroup.us](mailto:ygoodwin@theselectgroup.us)**