

North Lynnhaven Condominium Association, Inc.

Resident Information Form

Owner Name: _____

Unit Address: _____

Alternate Mailing Address (if applicable): _____

City: _____ State: _____ Zip: _____

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) _____

Current dates of lease (*ex: July 9, 2012 through July 8, 2013*) _____

If you retain the services of a managing agent please list the agent's name, address, and phone number: _____

***The information in this form is for office use only and will be held in strictest confidence.**

**Return completed form to the address or fax number below or
email to jstrickland@theselectgroup.us**