

ALGONQUIN HOUSE CONDOMINIUM ASSOCIATION

OWNER INFORMATION FORM

Owner Name: _____

Address: _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

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 _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident Name: _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

Leasing Agent (if applicable): _____

**CHECK HERE IF ASSISTANCE IS REQUESTED FOR ASSOCIATION FIRE DRILLS
OR EMERGENCY EXITING OF THE BUILDING.**

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

Please return completed form via mail or fax as provided below,

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 Fax: (757) 486-6988 Front Desk (757) 423-5151
email: rfitzgerald@theselectgroup.us or visit us on the web: www.theselectgroup.us

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or email to the management team as listed on the website.

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