PORT NORFOLK EAST CONDOMINIUMS

RESIDENT INFORMATION FORM

Owner Name:			
Unit Address:			
Alternate Mailing Addre	ess (if applicable):		
City:	State:	Zip:	
Phone: (h)	_(w)	<u>(c)</u>	
Email Address:			
Emergency Contact:			
Phone: (h)	(w)	(c)	
	<u>Tenant Informa</u> (If you are leasing ye		
Resident Name(s):			
Phone: (h)	(w)	(c)	
Current dates of lease (e	x: July 9, 2012 through July 8	3, 2013)	
If you retain the services number:	s of a managing agent please li	st the agent's name, address, and p	hone
*All information is util	ized for Association Business c confidence.	or emergencies only and is held in s	strictest
Return complet	ed form to The Select Group a	t the address or fax number below	

or email to <u>mromero@theselectgroup.us</u>

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 Fax: (757) 486-6988 website: <u>www.theselectgroup.us</u>