



RESIDENT INFORMATION FORM

Owner Name: _____

Unit Address: _____

Alternate Mailing Address (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

Email Address: _____

Emergency Contact: _____

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:

***All information is utilized for Association Business or emergencies only and is held in strictest confidence.**

Return completed form to The Select Group at the address or fax number below or email to afleetwood@theselectgroup.us

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