



Property Owners Association, Inc.

**OWNER INFORMATION FORM**

Owner Name: \_\_\_\_\_

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

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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 home? \_\_\_\_\_

Is this person a relative? \_\_\_\_ If so what relation are they to you? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**If you are leasing your home - Tenant Information**

(Don't forget to forward a copy of the executed lease to The Select Group.)

Resident Name(s): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email address: \_\_\_\_\_

Managing Agent (if applicable): \_\_\_\_\_

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

**Return completed form to The Select Group via the address or fax number provided below,  
or by email to [afleetwood@theselectgroup.us](mailto:afleetwood@theselectgroup.us)**