



RIVER SHORE  
CONDOMINIUMS

## TENANT INFORMATION FORM

Tenant Name: \_\_\_\_\_

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

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

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

Names of all Persons Residing in the Unit: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

### **Emergency Contact Information**

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

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

### **Owner/Agent Information**

Owner/Agent Name: \_\_\_\_\_

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

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

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

**\*Information is for Association business and 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 [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**