

Member of community associations institute

## TENANT INFORMATION FORM

Tenant Name:		
Address:		
Phone: (h)	_(w)	(c)
Email Address:		
Names of all Persons Resid	ling in the Unit:	
Lease Start Date:		Lease End Date:
	Emergency Con	tact Information
Emergency Contact:		Relationship:
Phone: (h)	(w)	(c)
	<u>Owner/Agen</u>	t Information
Owner/Agent Name:		
Address:		
Phone: (h)	(w)	(c)
Email Address:		
*The information on th	is form is for office us	se only and will be held in strictest confidence.

## Please return completed form to The Select Group at the address or fax number below or email it to <u>mromero@theselectgroup.us</u>

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