Condominium Association, Inc.

RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

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

Alternate Address (if applicable):_____

City: _____ State: _____ Zip: _____

Email address: _____

Emergency Contact: _____ Relationship:_____

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

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 unit?_____

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

Property Manager Information
(If you are leasing your unit)

Managing Company/Agent Name_____

Mailing address: _____

Phone: (o)_____(c)_____ (f)_____

Email address: _____

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

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

Please return completed form to the address or fax number provided below or email to malcala@theselectgroup.us