

# SHADOWLAWN VILLAS II

## OWNER INFORMATION FORM

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

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

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

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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 unit? \_\_\_\_\_

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

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### IF YOU ARE LEASING YOUR UNIT - TENANT INFORMATION:

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

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Leasing agent (if applicable): Name/Company: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Return completed form to the address and fax number below or  
email to [asmith@theselectgroup.us](mailto:asmith@theselectgroup.us)**

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454  
(757) 486-6000 fax: (757) 486-6988 Email: [jlushk@theselectgroup.us](mailto:jlushk@theselectgroup.us) website: [www.theselectgroup.us](http://www.theselectgroup.us)