

The Residences at Patrick Henry Place
Condominium Association, Inc.

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: _____

Lease Start Date: _____ Lease End Date: _____

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 Select Group at the address or fax number below
or email to jstrickland@theselectgroup.us.**