

*The Residences at Patrick Henry Place*  
*Condominium Association, Inc.*

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**TENANT INFORMATION FORM**

Tenant name: \_\_\_\_\_

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

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

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

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

**Names of all persons residing in unit:** \_\_\_\_\_

**Emergency Contact Information**

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

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

**Owner/Agent Information**

Owner/Agent name: \_\_\_\_\_

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

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

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

**\*\*All information 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](mailto:jstrickland@theselectgroup.us).**