

OWNER INFORMATION FORM

Owner Name:		
Address:		
Alternate Address (if applicable): _		
City:	State:	Zip:
Telephone Number: (H)	(W)	(C)
Email Address:		
(IF Ye	TENANT INFORMAT OU ARE LEASING YOU ard a copy of the lease	
	u can be issued parking	a /
Resident Name(s):		
Telephone Number: (H)	(W)	(C)
Email Address:		
Lease Start Date:	Lease End Date:	
If you retain the services of a leas	sing agent, please list th	e name, address & phone number:
Do you have a current set of Docur Association?	nents and Bylaws contai	ning the Rules & Regulations of the
If leasing your unit, are your tenant	ts familiar with these Do	cuments and Bylaws?
*The information in this form is	for office use only and	will be held in strictest confidence.
-	The Select Group at the a o jstrickland@theselec	uddress or fax number above or etgroup.us
c/o The Select Group, Inc., 2224	Virginia Beach Blvd., Si	uite 201, Virginia Beach, VA 23454

(757) 486-6000 fax: (757) 486-6988 website: <u>www.theselectgroup.us</u>