



# Witchduck Lake Condominium Association

## OWNER INFORMATION FORM

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

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

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

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

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

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

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

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

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? \_\_\_\_\_

### TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

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

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

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

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

**If you retain the services of a leasing agent, please list the name, address and phone number:**

\_\_\_\_\_  
\_\_\_\_\_

**\*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 above or  
email to [malcala@theselectgroup.us](mailto:malcala@theselectgroup.us)**