



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: _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Tenant Name: _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

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

Lease Start Date: _____ **Lease End Date:** _____

Leasing Agent (if applicable): _____

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, fax number or email address below.