



RESIDENT INFORMATION

(Please complete both sides)

Owner Name: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

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? _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information
(If you are leasing your unit)

Resident Name(s): _____

Phone: (h) _____ (w) _____ (c) _____

Email address: _____

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

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

(OVER)

VEHICLE REGISTRATION



YEAR / MAKE / MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

PET REGISTRATION

Pet #1 Name: _____ Type of Pet: _____

Description (size, color, breed, distinguishing markings/characteristics): _____

Date of Rabies Vaccination: _____ Tag #, Date Issued, City Issued: _____

Pet #2 Name: _____ Type of Pet: _____

Description (size, color, breed, distinguishing markings/characteristics): _____

Date of Rabies Vaccination: _____ Tag #, Date Issued, City Issued: _____

I have read the rules and regulations of the Association and I as well as all members of the household, promise to comply with the rules as they pertain to pet ownership.

Signature

Date

***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 malcala@theselectgroup.us