



River Breeze Condominium Association, Inc.

RESIDENT INFORMATION

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: _____

Lease Start & End Dates: _____

(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:

**Return completed form to The Select Group at the address or fax number below
or email to malcala@theselectgroup.us**