



*St. Albans Glenn
Condominium Association, Inc.*



RESIDENT INFORMATION FORM

Name: _____ Owner or Tenant: _____

If owner, list all other owners:

If tenant, list all other tenants: _____

St. Albans Glenn Address: _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

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

Email Address: _____

Emergency contact: _____ Relationship _____

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

Owners Only, please complete:

If using alternate address, is this still a residence that you reside in either full or part time? (Yes or NO) _____ If no, are you leasing unit OR is relative living in unit? _____

If relative, what relation are they to you? _____

Tenant/Relative Name(s): _____

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

Email Address: _____

Lease Start Date: _____ Lease End Date: _____ **Please forward copy of lease to The Select Group, Inc.**

Owners and Tenants, Please complete.

Rental Agent & Landlord Information - If unit is being leased, please list rental management company & agent name, address, email and phone number or landlord information, if owner managed:

***The information on this form is for office use only and will be held in the strictest confidence.**

Please return this completed form to The Select Group at the address or fax number below or email it to cdoneff@theselectgroup.us

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
(757) 486-6000 fax: (757) 486-6988 email: cweis@theselectgroup.us website: www.theselectgroup.us