

**WILLOW POND at BREATHWAITE PLACE**  
*Condominium Association*

**OWNER INFORMATION FORM**

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

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

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

If using an alternate address, is this still a residence that you reside in either full or part time? \_\_\_\_\_

If not, then who is residing in unit? \_\_\_\_\_

Is this person a relative? \_\_\_\_\_ If so, what relation are they to you? \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**Tenant Information**  
**(If you are leasing your unit.)**

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

Tenant Name: \_\_\_\_\_

Lease Term: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

\_\_\_\_\_

**\*Information is used for Association business & emergencies only & is held in strictest confidence.\***

**Please return completed form to The Select Group at the address or fax number provided below  
or email to [afleetwood@theselectgroup.us](mailto:afleetwood@theselectgroup.us)**