

# 696 MOWBRAY ARCH

## RESIDENT INFORMATION FORM

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

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

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

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

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

Email address: \_\_\_\_\_

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

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 no, complete tenant information below and if a relative, put what relation next to the name.

### **Tenant Information**

(If you have a tenant leasing your unit)

Resident Name(s): \_\_\_\_\_

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

Email address: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

**(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, and email address of the agent:

\_\_\_\_\_

**\*All information obtained is for Association business and emergency use only and is held in strictest confidence.\***

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

c/o The Select Group, Inc. • 2224 Virginia Beach Blvd., Suite #201 • Virginia Beach, VA 23454  
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