

MEADOW LAKE FARMS

Homeowners Association, Inc.

RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

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? _____

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

Email address: _____

Emergency Contact: _____ Relationship: _____

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

Tenant Information (If you are leasing your unit)

Resident Name(s): _____

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

Start Date of Lease: _____ End Date of Lease: _____

Managing Agent (name, address and phone number) if applicable: _____

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