Birdneck Aorth Condominium Association, Anc.

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

RESIDENT INFORMATION FORM

Owner Name:			
Unit Address:			
Alternate Address (if applicab	le):		
City:	State:	Zip:	
If using an alternate address, i	s this still a residence that yo	ou reside in either full or part time?	
If no, then who is residing in t	he unit?		
Is this person a relative?	If so what relation are the	ey to you?	
Phone: (h)	(w)	(c)	
Email address:			
Emergency Contact:		Relationship:	
Phone: (h)	(w)	(c)	
	<u>Tenant Inform</u> (If you are leasing y		
Resident Name(s):			
Phone: (h)	(w)	(c)	
Email address:(Please be sure	e to forward a copy of the l	lease to The Select Group, Inc.)	
		name, address and phone number of the agent	t:
Is this person a relative? Phone: (h) Email address: Emergency Contact: Phone: (h) Resident Name(s): Phone: (h) Email address: (Please be sure	If so what relation are the (w)		

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

Return completed form to The Select Group at the address or fax number provided above or email to jstrickland@theselectgroup.us