

# Gunn Hall Condominium Association



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## RESIDENT INFORMATION FORM

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

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

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

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

If using an alternate address, is this 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) \_\_\_\_\_

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

**(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: \_\_\_\_\_

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**\*Information obtained is for Association business and emergencies only  
and is held in strictest confidence.**

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