

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 jstrickland@theselectgroup.us**