

Threechopt Village



Community Association

c/o Cedar Management Group, 10610 Metromont Parkway, Suite 204, Charlotte, NC 28269

Phone: (704) 644-8808 | Toll Free: (877) 252-3327 | Fax: 800-334-0526

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: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident's: _____

Phone: Home: _____ Work: _____ Cell: _____

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:

Do you have a current set of Documents and Bylaws containing the Rules & Regulations of the Association? Yes No

If leasing your unit, are your tenants familiar with these Documents and Bylaws? Yes No

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

Email the completed form to Cedar Management Group at support@mycmg.com