



Tenant Contact Registration Form

SUBMIT A NEW FORM WITH EVERY NEW LEASE

COMMUNITY / ASSOCIATION NAME

LOT / ACCOUNT #

1. Owner Information

OWNER NAME

OWNER PHONE #

OWNER MAILING ADDRESS

OWNER E-MAIL ADDRESS

2. Designated Agent / Property Manager

Optional — A.R.S. § 33-1806.01(B)

PROPERTY MANAGER / AGENT NAME

AGENT PHONE #

AGENT MAILING ADDRESS

AGENT E-MAIL ADDRESS

3. Occupancy Status — Check One

This unit is NOT a rental

Rental, currently vacant

Rental, occupied — complete Section 4

4. Tenant Information

Adult occupants only

ADULT OCCUPANT #1 — FULL NAME

ADULT OCCUPANT #2 — FULL NAME

LEASE START DATE

LEASE END DATE

BEST PHONE NUMBER FOR TENANT

TENANT E-MAIL ADDRESS

BEST TIME TO REACH TENANT

5. Tenant Vehicles

VEHICLE #1 — MAKE

MODEL

LICENSE PLATE

STATE

VEHICLE #2 — MAKE

MODEL

LICENSE PLATE

STATE

I certify the information above is accurate and agree to submit an updated form to the Association with each new tenancy.

OWNER OR DESIGNATED AGENT SIGNATURE

DATE