

SCOTTSDALE SHADOWS

CONFIDENTIAL EMERGENCY INFORMATION ANNUAL UPDATE

IN ORDER TO PROVIDE THE BEST POSSIBLE EMERGENCY SERVICE FOR SCOTTSDALE SHADOWS RESIDENTS THE ADMINISTRATION REQUESTS THAT YOU COMPLETE (FRONT AND BACK AND RETURN THIS FORM TO THE ADMINISTRATIVE OFFICE. THIS INFORMATION BECOMES PART OF THE UNIT PERMANENT RECORD

Date: ___/___/___ Bldg #: ___ Unit # ___ Parking Space (s) #: _____

Name (s) of Owner(s): _____

Telephone (Home): (___) ___-___ (Work): (___) ___-___

PRIMARY ADDRESS IF NOT FULL TIME RESIDENT OF SCOTTSDALE SHADOWS

Address: _____
Number Street Apt # City State Zip

Telephone (Home): (___) ___-___ (Work): (___) ___-___

Will Community Services have a key to your residence? Yes: ___ No: ___

PLEASE LIST BELOW THOSE PERSONS WE MAY CONTACT IN CASE OF PROPERTY OR EMERGENCY

1. Name: _____

Address: _____

Telephone (Home): (___) ___-___ (Work): (___) ___-___

Does this person have a key to your residence? Yes: ___ No: ___

2. Name: _____

Address: _____

Telephone (Home): (___) ___-___ (Work): (___) ___-___

Does this person have a key to your residence? Yes: ___ No: ___

Does anyone else have access to your unit during your absence, including cleaning service, pest control, rental/real estate agents, etc.? Please list names and addresses of such individuals or services on a separate sheet.

-OVER-

SCOTTSDALE SHADOWS

LESSEE AND RENTAL INFORMATION

DO YOU LEASE YOUR UNIT?

Yes:

No:

Name of Lessee: _____

Tel. # (____) _____ - _____

Date Lease Expires: _____

The Rules and Regulations of Scottsdale Shadows require you to submit a copy of any and all leases, rental agreements, and lease processing fee to the Administrative Business Office, located at 7800 East Camelback Road, Scottsdale, AZ 85251. Scottsdale City Ordinances prohibit any lease/rental for less than one(1) month, thirty (30) days under the zoning of Scottsdale Shadows. Some Regimes have a longer minimum period for leases/rentals. RCI will not provide ID, Bar Code or other community privileges unless a valid copy of the lease or rental agreement is on file. Please check with your Regime as to lease requirements and lease processing fee as they may vary some by Regime.

Do you own other units at Scottsdale Shadows?
other Units: _____

Yes:

No:

If yes, please provide a list of the

The Rural Metro Fire Department has asked that a list of handicapped/disabled persons be available to us to facilitate evacuation if needed.

If anyone living in this unit is handicapped/disabled or is otherwise unable to go down the stairs unassisted in an emergency, please indicate it below.

Yes: No:

Name: _____

Thank you for your cooperation in these matters. If you should have any questions please feel free to call the Administration Offices at (480) 994 0433.

NOTES AND COMMENTS