



7800 E. Camelback Rd.  
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## LEASE REGISTRATION

Owners Name: \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_

Owners Telephone Number: \_\_\_\_\_

Owners Email Address: \_\_\_\_\_

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

Management Company (if applicable): \_\_\_\_\_

Representative of Management Co.: \_\_\_\_\_

Phone Number of Representative: \_\_\_\_\_

Adult Tenant Name(s) & Email Address

1. \_\_\_\_\_

2. \_\_\_\_\_

Adult Tenant Phone Number(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

LEASE BEGINNING DATE: \_\_\_\_\_ LEASE ENDING DATE: \_\_\_\_\_

Adult Vehicle No.( 1): Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_

Adult Vehicle No.( 2): Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_