

Scottsdale Shadows

7800 E. Camelback Rd.
Scottsdale, Arizona 85251
Phone: 480-994-2060
Fax: 480-423-9180

Web: www.scottsdale Shadows.org

LEASE REGISTRATION

Owners Name: _____

Owners Mailing Address: _____

Owners Telephone Number: _____

Owners Email Address: _____

Property Address: _____

Management Company (if applicable): _____

Contact for Management Co. & Phone Number: _____

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: _____

Name listed in Directory: _____ Phone Number _____

Additional name in Directory: _____ Phone Number: _____

Number of fob(s) to Tenant _____. Tenant(s) name assigned to fob _____

Additional Fob assigned to tenant: _____