

Scottsdale Shadows

RECORDS AND REGISTRATION

CONSENT TO CONTACT FORM

To provide account details to designated individual(s), please provide the Power of Attorney showing that another person can act on your behalf on your account at Scottsdale Shadows.

If a POA is not available, please fill out this consent form designating individual(s) contact information who can act on your behalf. This information will remain confidential. Please return to receptionist@scottsdalershadows.com

DATE: _____

BLDG # _____ UNIT # _____ PARKING SPACES _____

OWNERS NAME (print): _____

OWNERS NAME (signature): _____

Owner's Primary Address if not full-time resident of Scottsdale Shadows:

Street

City, State, Zip, Country

CONSENT TO CONTACT

(Please Print)

NAME: _____ RELATIONSHIP: _____

CELLPHONE: _____ PHONE: _____ Home / Work

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____