

Scottsdale Shadows

7800 E. Camelback Rd.
Scottsdale, Arizona 85251

Phone: 480-994-2060

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LEASE REGISTRATION

Building: _____ Unit: _____

Owners Name: _____

Owners Mailing Address: _____

Owners Telephone Number/email: _____

Rental Property Address: _____

Management Company (if applicable): _____

Contact for Management Co. & Phone Number: _____

LEASE BEGINNING DATE: _____ LEASE ENDING DATE: _____

Adult Tenant Names:

1. _____

2. _____

Adult Tenant Phone Numbers w/ Names:

1. _____

2. _____

Adult Tenant Email Address:

1. _____

2. _____

Number of minors living at residence: _____

Will the tenant have an animal in the unit: YES _____ NO _____ Description _____

Name(s) to be added in Directory: _____ Phone Number: _____

Name(s) to be added in Directory: _____ Phone Number: _____

Name to be added to call/text-em all: _____ Phone Number: _____

If Applicable, Number of fob(s) given to Tenant from owner: _____

Names assigned to fob: _____