

SCOTTSDALE SHADOWS
COMMUNITY SERVICES

EMERGENCY CONTACT INFORMATION

To provide the best possible emergency service for Scottsdale Shadows residents in the event of any issues regarding your unit, garage stall, or storage locker, the administration requests that you please provide emergency contact information. This information will remain confidential.

Date _____

Unit _____ Building _____ Parking Space(s) _____

Owner's Name(s) _____

Phone _____ Work or Other _____

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

_____ (Street)

_____ (City) _____ (State or Province) _____ (Zip or postal code)

It is strongly recommended that a key to your unit, and storage locker be provided to Community Services in case of any emergency. The key is stored with a cross-indexed code, so the key itself does not indicate the unit location.

Will Community Services have a key to your Association residence? Yes _____ No _____

EMERGENCY CONTACT

Name _____

Relationship _____

Phone _____ Work or Other _____

Email address _____

Will this person have a key to your residence? Yes ____ No _____

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

Name: _____

Thank you for your cooperation. If you should have any questions, please feel free to call the Administration Office 480-994-2060.