



HOMEOWNERS ASSOCIATION
c/o Cadden Community Management
RETURN FORM: (520) 742-2618 fax dtolton@cadden.com

FORM MUST BE COMPLETED AND RETURNED by August 31, 2020

Owner Name(s) : _____

Unit #: _____

Mailing Address (if different than property address):

Zip: _____

Home Phone: _____

Work Phone: _____

E-MAIL ADDRESS: _____

EMERGENCY PHONE NUMBER: _____ ****
(VERY IMPORTANT – i.e. water leak, fire, etc.)

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR THE PURPOSE OF CONTACTING YOU ABOUT YOUR LOT AND / OR NEIGHBORHOOD EVENTS.

Is there a family member residing in the unit? _____

Currently residing in my unit: Lease begins: _____ Lease ends: _____

Tenant Name: _____
Phone: _____ email address: _____

Tenant Name: _____
Phone: _____ email address: _____

Tenant Name: _____
Phone: _____ email address: _____

Tenant Name: _____
Phone: _____ email address: _____

I authorize _____ to pick up # _____ gate keys* AND Parking Permit
*I understand cost is \$10 per key payable upon receipt of keys./ONLY 1 permit per unit

UNIT GATE CODE: 4-Digit code: _____;