

**Papago Ridge
Condominium Owners Association**

c/o Vision Community Management
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048
Telephone: (480) 759-4945 Fax: (480) 759-8683
papagoridge@wearevision.com

Emergency Contact Information

Situations may occur that require Homeowners to be contacted immediately. Therefore, we request that this form be completed and returned to our office as soon as possible. The following information will be kept confidential.

Property Address _____

Homeowner Information:

Homeowners Name (s): _____

Off-site Mailing Address (if applicable): _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Number: _____

For Rental Properties:

____ Please send a copy of all violations to the tenant

____ Please send violation notices **only** to the above listed mailing address

Tenant/Resident Information (if applicable): Please submit lease agreements

Lease Term: Commencement: ____ / ____ / ____ - Expiration: ____ / ____ / ____

Tenant Name(s): _____

Home Telephone: _____ Alternate Number: _____

E-Mail: _____

(SEE BACK)

Property Management Information

Management Company: _____

Mailing Address: _____

Office Telephone: _____ Email: _____

1. **Occupant's Names (list all occupants):** **Circle One:**

a. _____ minor or adult

b. _____ minor or adult

c. _____ minor or adult

d. _____ minor or adult

2. **List all vehicles:**

	Vehicle Make	Model	License #
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

I, _____ (owner's name), state that the information provided is true and agree to notify VISION Community Management of any and all changes within ten days of change.

Owner's Signature

Date