



**The Lakes Community Association**

5501 S. Lakeshore Drive  
Tempe, AZ 85283  
P: (480) 838-1023 ext. 105  
E: tabie@thelakesoftempe.com

Lot #: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_

**OWNER INFORMATION**

Property Address: \_\_\_\_\_

Preferred Mailing Address if different from Property Address (*address statement is sent to*):  
\_\_\_\_\_

Name #1: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Home / Alt #: \_\_\_\_\_

Owner?  Yes  No / Living at Property?  Yes  No / Alt Address: \_\_\_\_\_

Name #2: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Home / Alt #: \_\_\_\_\_

Owner?  Yes  No / Living at Property?  Yes  No / Alt Address: \_\_\_\_\_

Name #3: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Home / Alt #: \_\_\_\_\_

Owner?  Yes  No / Living at Property?  Yes  No / Alt Address: \_\_\_\_\_

Resident Children/ Dependent Name(s): \_\_\_\_\_  
\_\_\_\_\_

Will you be leasing or renting this property to others?

Yes  No

Will you be using a Property Management Company?

Yes  No

<b><u>EMERGENCY CONTACT</u></b>	
Name: _____	Phone: _____
Name: _____	Phone: _____

*If yes, provide the Property Management Company's Information:*

Company Name: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**(Please note that if any of the provided information changes, it is your responsibility to contact The LCA Office)**

\* \* \* \* \*

**I hereby acknowledge that the Declaration, Bylaws and Rules of the Association constitute a contract between the Association and the owner. By signing this statement, I acknowledge that I have read and understand the contract between The Lakes Community Association and the owner.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_