

3701 W. Anthem Way
ANTHEM, AZ 85086



PHONE: 623-742-6050
FAX: 623-742-6170

Tenant Information Form

Homeowner (Landlord) Name: _____

Homeowner's Anthem Address: _____

Homeowner's Mailing Address: _____

Email: _____ Phone: _____

Name of Designated Agent (if applicable): _____

Email: _____

Length of Lease: _____ Beginning Date: _____ End Date: _____

Tenant Name(s): _____

Tenant Telephone Number: _____ Email: _____

Tenant Telephone Number: _____ Email: _____

Vehicle No. 1 License #: _____ Make: _____ Color: _____

Vehicle No. 2 License #: _____ Make: _____ Color: _____

I (we) _____

at _____ (address) have received, read and agree to abide by the
CC&R's, By-Laws and Rules and Regulations of the Anthem Parkside Homeowners Association knowing that
if they are not adhered to, I will ultimately be fined for violations.

Signature of Tenant

Date

Signature of Tenant

Date

Signature of Homeowner or Designated Agent

Date

Please return this completed, signed and dated form to us via fax or email
As required by ARS 33-1806.01