

Lake Mirage Homeowners Association

RESIDENT INFORMATION FORM

It is important for Lake Mirage Homeowners Association to have up to date contact information in case of an emergency. If you have concerns about providing this information, please contact Preferred Communities at (480) 649-2017 or by email at info@gothoa.com.

Please return this form via Email: info@gothoa.com, Fax: (480) 649-0902 or by Mail: PO Box 5720, Mesa, AZ 85211

**** The information provided will ONLY be used for Association business. ****

Lot/Unit #: _____ Property Address: _____

Homeowners Name(s): _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Is this a rental home? _____ Yes _____ No

**If yes, please complete the Tenant Registration Form on the reverse side.*

Emergency Contact Information:

Emergency Contact Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Property Manager Contact Information:

Manager Name/Company Name: _____/_____

Mailing Address: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Account Authorization:

Complete this section to grant someone else access to your account.

Name: _____ Phone: _____

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TENANT REGISTRATION FORM

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**** The information provided will ONLY be used for Association business. ****

Lot/Unit #: _____ Property Address: _____

Homeowners Name(s): _____

Term of Lease: ____/____/____ to ____/____/____

Tenant Name(s): _____

Mailing Address *(if different)*: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Vehicle Information

1. Make _____ Model _____ Color _____ Plate _____

2. Make _____ Model _____ Color _____ Plate _____

3. Make _____ Model _____ Color _____ Plate _____

4. Make _____ Model _____ Color _____ Plate _____

The requested information on this form complies with A.R.S §33-1260.01 and 33-1806.01