

The HIGHLANDS
332 W. Matterhorn St.
ORO VALLEY, AZ 85737-
9739

Phone/Fax: (520) 297-2722
Email: highlands332@gmail.com
Website: www.thehighlandsmhp.com

Resident Information

OWNER RENTER: Rental period START: _____ END: _____

Resident Name: _____ **DOB:** _____

Resident Name: _____ **DOB:** _____

IF RENTING, Property Owner's name: _____

Highlands Address: _____

Home Phone: _____

Mobile Phone: _____ Name: _____

Mobile Phone: _____ Name: _____

Email Address(es): _____

Owner's mailing address & phone if different than above:

Address	City/State/Zip	Phone
---------	----------------	-------

Emergency Contact Person(s): _____

This should be a relative/friend who does NOT live with owner/renter above.

Relationship to Owner/Renter: _____ **Phone:** _____

My signature below indicates that I understand it is my responsibility to inform The Highlands office of any changes to the above information in a timely manner. I also acknowledge that I have received a copy of the HOA Conditions, Covenants and Restrictions (CC&Rs).

Owner/Renter Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Date entered in: QB _____	Directory _____	Initials _____