

**FOX CROSSING HOMEOWNERS ASSOCIATION
TENANT INFORMATION FORM
C/O PREMIER COMMUNITY MANAGEMENT
3930 S. ALMA SCHOOL RD., SUITE 10
CHANDLER, AZ 85248
480-704-2900**

This form should be completed and returned to the Association at least ten (10) days prior to the commencement of a lease of a lot in Fox Crossing. Please submit a \$25.00 check made out to Fox Crossing HOA to accompany this registration form.

LOT INFORMATION

LOT #: _____ LOT ADDRESS: _____

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S PHONE: (Home) _____ (Cell) _____

TENANT INFORMATION

LEASE TERM: _____ DATE TENANCY BEGINS: _____ DATE TENANCY ENDS: _____

LIST NAMES OF ALL ADULT TENANTS TO RESIDE AT THE LOT:

TENANT PHONE: (Home) _____ (Cell) _____

DESCRIPTION AND LICENSE PLATE NUMBER OF ALL TENANT VEHICLES: _____

Signature of Lot Owner or Rental Agent

Print Name

Date

For Association use:

Received By: _____ Date Received: _____