



## FirstService Residential Property Information/Release Form

### Property / Owner Information

HOA Name:		
Property Address:		
Property Owner:		
Property Owner Authorized Un-Official Co-Owner/Spouse/Other Name:		
Owner Billing/Mailing Address:		
City:	State:	Zip Code:
Owner Phone:	Co-Owner Phone:	
Owner Email:	Co-Owner Email:	

\*To change or update your official billing address or use the management company address as the official billing address for the lot, please email your address change request to: [addresschanges.az@fsresidential.com](mailto:addresschanges.az@fsresidential.com).

### Property Manager Information (if any)

Management Co Name:		
Management Co Address:		
City:	State:	Zip Code:
Contact Person:	Phone:	
Email:	Fax:	

\*Disclaimer – Authorizing others, including individuals or business entities, to change billing/ mailing addresses may result in a billing/ mailing address change without owner notification. When a billing/ mailing address change is initiated, all correspondence, including violations, agendas, election materials (ballots), etc., will be mailed to the new address provided. It is the responsibility of the recipient to provide all correspondence to the owner of the property.

### Resident / Tenant Information

Tenant Name(s):	Lease Start:	Lease End:
Phone:	Email:	
Add'l. Adult Tenant:      Age:	Add'l. Adult Tenant:      Age:	
Add'l. Adult Tenant:      Age:	Add'l. Adult Tenant:      Age:	
Vehicle Make & Model:	License Plate No.:	
Resident/Tenant is authorized to obtain access devices & information <input type="checkbox"/> YES <input type="checkbox"/> NO		
Give full access to all items listed below <input type="checkbox"/> YES <input type="checkbox"/> NO		
Web Site Access Information <input type="checkbox"/>	Community Keys <input type="checkbox"/>	Assessment Account Information <input type="checkbox"/>
Entry into the Gate System <input type="checkbox"/>	Gate Remote/Card <input type="checkbox"/>	Parking Passes/Visitor Tags <input type="checkbox"/>

### Tenant Emergency Contact

Name:			
Address:			
City:	State:	Zip Code:	Phone:
Relationship:			
I/we, as owner(s), verify that the lease agreement represents the subject property as expressly subject to the Declaration of Covenants, Conditions and Restrictions, Design Guidelines, Articles, Bylaws and Association Rules of the Community Association and that a copy of the community documents have been made available to the tenants. Further, I/we verify that the lease agreement provides that a tenant's failure to comply with the requirements and restrictions shall constitute default under the lease agreement.			
Signature of Owner:			Date:

The Islands Community Association Requires a \$25 fee for each new lease.  
This fee can be mailed/dropped off in check form to The Islands Onsite Office, 825 S. Islands Drive West, Gilbert, AZ