

**Center Court Condominiums**  
**Tenant Information Form**

Leased: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Unit # \_\_\_\_ R

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell  Home  Work (\_\_\_\_) \_\_\_\_\_

Cell  Home  Work (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in below information to be programmed in the gate directory @ Earll Street Entrance:

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last Name, First Name Initial Phone # for Gate Directory (Office use)

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last Name, First Name Initial Phone # for Gate Directory (Office use)

Make/Model/Color: \_\_\_\_\_ State/License # \_\_\_\_\_

Make/Model/Color: \_\_\_\_\_ State/License # \_\_\_\_\_

Pet:  Dog  Cat  Other Pet Name/ Breed: \_\_\_\_\_

Pet:  Dog  Cat  Other Pet Name/ Breed: \_\_\_\_\_

(Only two pets per unit; weight limit 30 lbs. and under; need office to inspect and weigh @ move-in)

**Owner/Management Company/Agent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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**Please include \$25.00 New Tenant Fee**  Check # \_\_\_\_\_  Money Order

(Rental Property - A.R.S. Sections 33-1260.01 and 33-1806.01)