

Landlord Registration Form

Pursuant to A.R.S. 40-360.32: Every landlord shall file with a one-call notification center (Arizona 811) the property name, property address, contact name or job title, contact fax number, contact mailing address, contact e-mail address (if available) and contact telephone number. The contact information must also contain the hours of contact, which must be at least 30 hours per week.

☐ Mob	ile Home Community c	r 🗌 Apartment C	ommunity	
COMMUNITY NAME:				
COMMUNITY ADDRESS:				
LANDLORD CONTACT NAME OR JOB T	TTLE:			
CONTACT ADDRESS:				
CONTACT ADDRESS CITY:		STATE:	ZIP:	
CONTACT PHONE:	EXT	FAX:		
CONTACT E-MAIL:				
BUSINESS HOURS OF CONTACT:	AM/PM <i>to</i>		AM/PM	
BOUNDARIES OF COMMUNITY: Pleas you can list the streets that surround provide a copy of a map with the are access to a very simple on-line map or	the community; use foc a highlighted; or reques n which you can draw the	tage from the stre at a username and	ets at which the compassword from Arizond by the community.	munity is situated;
Written Description:	tacned Pie	ase issue a usernar	ie and password	
Return this completed registration by			• •	85284
By E-mail to:	LandlordRegistration@Arizona811.com			

Thank you!

602-926-0458

By Fax to: