

**SHADOWS OF THE RIDGE HOMEOWNERS ASSOCIATION
HOMEOWNER INFORMATION SHEET**

NAME: _____ LOT # _____

PROPERTY ADDRESS: _____

HOME # _____ WORK # _____ CELL# _____

E-MAIL ADDRESS: _____

PLEASE CHECK BOX IF YOU AUTHORIZE AME TO SHARE THE INFORMATION ABOVE WITH THE RESIDENTS OF SHADOWS OF THE RIDGE HOA. OTHERWISE, ONLY YOUR NAME AND ADDRESS WILL APPEAR IN THE DIRECTORY.

MAILING ADDRESS (If Different from Above)

NAME OF RENTER: (If Applicable) _____

HOME PHONE # _____

WORK PHONE # _____

CELL PHONE # _____

IF YOU EMPLOY A PROPERTY MANAGER:

NAME OF MANAGEMENT CO: _____

MANAGEMENT PHONE # _____

**RETURN THIS COMPLETED FORM TO:
AME MANAGEMENT
P.O. BOX 68694
ORO VALLEY, ARIZONA 85737
OR FAX TO (520) 219-3977
OR E-MAIL TO: amemanagement@comcast.net**