

CARRIAGE MANOR RESORT

CHANGE OF INFORMATION FORM



DATE: _____

LOT: _____

Are you living in AZ full time? Yes _____ No _____

OWNER(S) NAME: _____

AWAY ADDRESS: _____

Phone #: _____ Name _____

Phone #: _____ Name _____

Is this replacing the current numbers on file? Which one(s)? _____

Caretaker: _____ Phone #: _____

*****If you are on E-Voting, you MUST fill out a new Electronic Voting Affidavit*****

EMAIL #1: _____

EMAIL #2: _____

Is this replacing the current email on file? _____