



**HOMEOWNERS ASSOCIATION #3  
IRON WOOD/OAKWOOD  
GOLF & COUNTRY CLUBS  
VACATION WATCH FORM**



**Homeowner's Name:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Sun Lakes Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**I can be reached at:**

**Street:** \_\_\_\_\_

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

**Phone Number:** ( \_\_\_\_ ) \_\_\_\_\_

**Date Leaving:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Date Returning:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Insurance Co.:** \_\_\_\_\_ **Agent's Phone Number:** ( \_\_\_\_ ) \_\_\_\_\_

**Nearest Relative:** \_\_\_\_\_ **Phone Number:** ( \_\_\_\_ ) \_\_\_\_\_

**Caretaker:** \_\_\_\_\_ **Phone Number:** ( \_\_\_\_ ) \_\_\_\_\_

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

**I have covered my water features ?                      My water features are being treated ?**

**Any additional pertinent information place here:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THE ASSOCIATION AND THE PATROL WILL NOT ASSUME ANY RESPONSIBILITY FOR LOST,  
STOLEN OR DAMAGED PROPERTY DURING VACATION WATCH.**

**Homeowner's Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Call 480-797-6508 Patrol when your return so we can take you off Vacation Watch**

**CHANGE OF ADDRESS FORM**

**Please mail to:  
AAM, LLC  
7740 North 16<sup>th</sup> Street, Suite 300  
Phoenix, AZ 85020  
Phone 602-906-4940  
Fax 602-870-8234**

***Please complete the following information and return this form within 14 days of receipt via U.S. Mail or fax. Or you can visit us online at [www.AAMAZ.com](http://www.AAMAZ.com) by clicking on "Homeowner Resources", followed by "Change of Address" and follow the instructions. This form has been sent to a possible alternate address. We are unable to change your mailing address without this form being completed.***

**All information is kept confidential.**

Owner Name \_\_\_\_\_

Community Name \_\_\_\_\_ Lot # \_\_\_\_\_

\*\*Property Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

If you do not reside at the property address above, please provide alternate mailing address below:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* All correspondence will be sent to the property address unless we are notified of an alternate mailing address. If in the future you wish to change your mailing address, please submit your request in writing to the address above. Thank you for your cooperation!**