

HOMEOWNER REQUEST FOR CHANGES TO ACCOUNT

Name (s) on Account _____

Property Address _____

Contact Telephone Number (____) _____ Requested By _____

PLEASE SELECT THE CHANGE(S) REQUESTED AND COMPLETE THE CORRESPONDING SECTION (S):

Check Box if applicable

NAME CHANGE DUE TO MARRIAGE OR DIVORCE

Must include copy of Marriage Certificate or Divorce Decree.

New Name (PLEASE PRINT)

Check Box if applicable

ADD PERSON TO ACCOUNT

Must include copy of Quit Claim Deed showing addition of person (s).

New Owner's Name(s) (PLEASE PRINT)

Check Box if applicable

REMOVE PERSON FROM ACCOUNT

Must include copy of Quit Claim Deed showing removal of person (s).

Name(s) to be Removed (PLEASE PRINT)

Check Box if applicable

CHANGE OF OWNERSHIP DUE TO DEATH

Must include copy of Death Certificate and Original Deed showing Right of Survivorship.

Name(s) to be Removed (PLEASE PRINT)

Name(s) to be Added (PLEASE PRINT)

Check Box if applicable

CHANGE OF OWNERSHIP / TRANSFER OF RESPONSIBILITY

Must include copy of New Deed. The new owner will be charged a fee for this transaction.

Name(s) to be Removed (PLEASE PRINT)

Name(s) to be Added (PLEASE PRINT)

AUTHORIZED SIGNER

Include Power of Attorney or Management Agreement if requestor is not on account.

X _____

Return completed form to: **AAM Transfers Dept.**, 1600 W Broadway Rd., Ste 200, Tempe, AZ 85282 or (602) 870-8223 Fax

For Internal Use Only

Property # _____ Lot# _____

Completed By _____ Date _____