

ISLAND ESTATES HOMEOWNER'S ASSOCIATION  
RENTAL/LEASE INFORMATION FORM

OWNER: \_\_\_\_\_ LOT# \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TENANT INFORMATION:

\_\_\_\_\_/\_\_\_\_\_  
LAST NAME FIRST NAME

CONTACT PHONE # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
OCCUPANCY DATE TERM OF CONTRACT

Tenant has received a copy of the rules and agrees to abide by them.

\_\_\_\_\_/\_\_\_\_\_  
OWNER TENANT

Please return this information form to the Association manager within 10 days of beginning of rental/lease.

Rick Hubbard, Manager  
Hubbard Group  
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