

# CHANGE OF ADDRESS FORM

Please mail to:

**Customer Care Department  
AAM, LLC  
1600 W. Broadway Rd., Ste. 200  
Tempe, AZ 85282-1112**

**Phone: (602) 906-4940  
Fax: (602) 870-8234  
E-mail: [csr@associatedasset.com](mailto:csr@associatedasset.com)**

As an alternative, please submit this form online at [www.homeownerresources.com](http://www.homeownerresources.com), under Homeowner Forms.

Please complete the following information and return this form within 14 days of receipt via U.S. Mail or fax.

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:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

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

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are not living in the property, would you like compliance/violation notices mailed to the property address as well as the alternate address provided above?**

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **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.**