



## Community Residence, Assisted Living, and Nursing and Convalescent Home Registration Application

Facility Name: \_\_\_\_\_

Number of Residents: \_\_\_\_\_ Fire Sprinklers Installed?  Yes  No

Facility's Address: \_\_\_\_\_

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

Facility's Mailing Address, if different: \_\_\_\_\_

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

Facility's Phone Number: \_\_\_\_\_ Facility's E-Mail: \_\_\_\_\_

Facility's Operator: \_\_\_\_\_

Operator's Phone Number: \_\_\_\_\_ Operator's E-Mail: \_\_\_\_\_

Property Owner (Print): \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

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

Property Owner's Phone Number: \_\_\_\_\_ Property Owner's E-Mail: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ (owner authorization is required)

***The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspected the site and verifies that the proposed site is in compliance with all applicable city, state and federal laws; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of registration, and removal of registered location from Mesa Map of Registered Community Residences.***

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date