



**State of Arizona – Office of the Secretary of State
Out-of-State Landlord Agents for Service
Jurisdiction and Service for Process**

SEND BY MAIL TO:

Secretary of State Michele Reagan, Atten: Business Services Division
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, TUCSON - Arizona State Complex,
1700 W. Washington Street, 1st Fl., Room 103 400 W. Congress, 1st Fl., Suite 139-1

Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY
AGENTS_FOR_SERVICE REV.1/5/2015

**MICHELE
REAGAN**
Secretary of State

PLEASE NOTE: Refer to A.R.S. § 33-1309 for more information. Refer to A.R.S. Title 33, Chapter 10 and Chapter 17 for other property owner filings/requirements under the Arizona Residential Landlord and Tenant Act.

INSTRUCTIONS

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Filing Fee and Payment: None.

Processing: 2-3 weeks

Website: All forms are available on the Secretary of State's Website, www.azsos.gov.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

1. Property Owner Information

Last Name		First Name		Middle	
Mailing Address			City	State	Zip Code
Property Address			City	State	Zip Code
Business Phone # (include area code)			e-mail address		

2. Arizona Contact Agent

Last Name		First Name		Middle	
Mailing Address			City	State	Zip Code
Business Phone # (include area code)			e-mail address		

3. Property Owner Signature/Notarization (Signature must match property owner name as completed in Section #1)

I hereby certify that the above information is true and correct, that I have read and understand the laws pertaining to the Arizona Residential Landlord and Tenant Act (A.R.S. Title 33, Chapter 10) including A.R.S. § 33-1309. Jurisdiction and Service for Process.

Signature of Property Owner	Date
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State of _____)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day
of _____, _____.

(seal)

Notary Public