REQUEST FOR INCLUSION IN THE SCENIC AZ PEOPLE DIRECTORY

Only information filled on this form will be published. If you don't want the information included, don't fill in the blank. Only information from a signed form will be included on the site.

The information will remain on the site for two years after it is published. If the website operator cannot contact you or if you do not contact the operator, the listing will deleted at the end of that period.

Please fill in as much or as little of the information as you wish to see published. . Make sure your writing is legible, if it can not be read it, it will not be published.

LAST NAME:	· · · · · · · · · · · · · · · · · · ·
FIRST NAMES: (All family members or as many as you wish)	
SCENIC STREET ADDRESS:	
MAILING ADDRESS:	
PHONE NUMBER: 347	
CELL PHONE WITH AREA CODE	AND FIRST NAME OF PERSON TO WHOM IT BELONGS:
NAME:	_NUMBER:
	NAME OF PERSON TO WHOM IT BELONGS. E-MAIL ADDRESSES LISTING. IF YOU INCLUDE YOUR E-MAIL YOU WILL RECEIVE
NAME:	_ E-MAIL:
NAME:	_ E-MAIL:
I request that the above information website. I understand that the information that the website operator has no content to the website	n be included in the Scenic AZ People Directory on the scenicaz.com mation published there is available to anyone who visits the website and ntrol over how that information will be used. My signature at the bottom ead and agree to the terms above and will not hold the website or its
Signature of an adult family membe	r:
DATE: / /	