



City of Mesa Registration Application

Community Residence, Assisted Living Facility, and Nursing and Convalescent Homes

Facility Information

Facility Name: _____

Facility Type (select one):

- ☐ Family Community Residence ☐ Transitional Community Residence ☐ Assisted Living Home
☐ Assisted Living Center ☐ Nursing and Convalescent Home

Number of Residents: _____ Length of Tenancy (select one): ☐ One year or longer ☐ Less than a year

License/Certification Information

Issuing Agency: _____

License/Certification Type: _____

Facility Contact Information

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Facility Phone Number: _____ Facility Email: _____

Operator Information

Facility Operator Name: _____

Operator Phone Number: _____ Operator Email: _____

Property Owner Information

Property Owner: _____

Property Owner Address: _____

City: _____ State: _____ Zip Code: _____

Property Owner Phone Number: _____ Property Owner Email: _____

Property Owner Signature (required): _____ Date: _____

Applicant Affirmation

The applicant affirms that they:

- ☐ Have read and understand all rules and regulations of the City of Mesa.
- ☐ Have physically inspected the site and verify compliance with all applicable city, state, and federal law.
- ☐ Are responsible for the accuracy of all information provided in this application.
- ☐ Understand that submitting erroneous information, or failure to disclose any requested information may result in denial of this application.
- ☐ Understand that errors found after processing this application may result in loss of provisional approval or registration, and removal of the facility location from the Mesa Map of Registered Community Residences.

Applicant Certification

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: _____