## Parolo Vista Estates Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: ParoloVistaEstates@wearevision.com

## OWNER INFORMATION / AGENT AUTHORIZATION FORM

Please use this form to provide homeowner address and contact information, and/or to authorize your agent/property manager to access your account. The following information will be kept confidential.

Homeowners Name (s):			Unit/Lot #:
Property address:			
Off-site mailing address:			
Home Phone:	Work Phone:		
E-Mail:	Cell Phone:		
Occupancy (Please check one):			
☐ Owner Occupied-Full Time	☐ Owner Occ	cupied- <b>Part Time</b>	nt □ Rental*
If this property is owner occup	<u>ied</u> , please provide	e homeowner vehicle informati	ion:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
Agent/Property Manager Auth Please provide the following infoaccess your account.		·	gent or property manager to
Agent Name/Company Name:		/	
Mailing Address:			
Home Telephone:		Work Telephone:	
E-Mail: Cell '			

☐ Please send a copy of all **billing statements** to my authorized Agent/Property Manager at the address listed above.

*For Rental Properties: If this property is a rental, completion of t	he Tenant Tracking Form is required.