Foothills Reserve Master Owners' Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: FoothillsReserve@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:			
E-Mail:			
Occupancy (Please check one):			
☐ Owner Occupied-Full Time	☐ Owner Occup	pied- Part Time	nnt □ Rental*
If this property is owner occup	<u>ied</u> , please provide h	nomeowner vehicle informat	tion:
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.	, <u>-</u>		gent or property manager to
Agent Name/Company Name:			
Mailing Address:			
Home Telephone:		Work Telephone:	
E-Mail:		Cell Telephone:	
☐ Please send a copy of all violatio	ons to my authorized A	gent/Property Manager at the ad	dress listed above.
☐ Please send a copy of all billing	statements to my author	orized Agent/Property Manager	at the address listed above.

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