## Rancho Reina Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: RanchoReina@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- <b>Part Time</b>          | 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 <b>violatio</b>                                       | ons to my authorized A         | gent/Property Manager at the ad | dress listed above.          |
| ☐ Please send a copy of all <b>billing</b>  | <b>statements</b> 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.