Villagio Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683

Email: villagio@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.

Property Address:		Lot #:	
Homeowners Name (s):			
Off-site mailing address:			
Home Telephone:		Work Telephone:	
E-Mail:		Cell Telephone:	
If this property is <u>owner occu</u>	<u>pied</u> , please provide	homeowner vehicle informa	ation:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
Agent/Property Manager Aut Please provide the following inf access your account.	Formation only if you	would like to authorize an ago	
Agent Name/Company Name: _		/	
Mailing Address:			
Home Telephone:	Work Telephone:		
E-Mail:	Cell Telephone:		
☐ Please send a copy of all vio	lations to my authori	ized Agent/Property Manager	at the address listed above.
☐ Please send a copy of all bil l	ling statements to m	y authorized Agent/Property N	Manager at the address listed
above.			

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