East Palm Lane Alley Corporation c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: palmlanealley@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 | upied- Part Time | t 🗆 Rental* |
| If this property is <u>owner occupi</u> | ied, please provide | homeowner vehicle informatio | on: |
| 1. Make | Model | Color | Plate |
| 2. Make | Model | Color | Plate |
| 3. Make | Model | Color | Plate |
| 4. Make | Model | Color | Plate |
| Agent/Property Manager Author Please provide the following info access your account. Agent Name/Company Name: | rmation <u>only</u> if you | would like to authorize your age | |
| Mailing Address: | | | |
| Home Telephone: | | | |
| E-Mail: | Cell Telephone: | | |
| □ Please send a copy of all violatio | ons to my authorized A | Agent/Property Manager at the addr | ress listed above. |
| □ Please send a copy of all billing | | | |
| | | | |

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