D'Arcy Ranch Owners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683

Email: darcyranch@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: | Cell Phone: | | |
| Occupancy (Please check one): | | | |
| ☐ Owner Occupied-Full Time | ☐ Owner Occu | pied- Part Time | ☐ Rental* |
| If this property is owner occupie | ed, please provide | homeowner vehicle informatio | n: |
| 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 infor access your account. | ` - / | | nt or property manager to |
| Agent Name/Company Name: | | | |
| Mailing Address: | | | |
| Home Telephone: | | | |
| E-Mail: | | Cell Telephone: | |
| ☐ Please send a copy of all violation | ns to my authorized A | agent/Property Manager at the addre | ess listed above. |
| ☐ Please send a copy of all billing s | tatements to my auth | norized 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.