## Devonshire Square Condominium Association, Inc. c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: devonshiresquare@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	□ Vacant	□ Rental*
If this property is <u>owner occupic</u>	<u>ed</u> , please provide	homeowner vehicle	information:	
1. Make	_Model	Color	r	Plate
2. Make	_Model	Colo	r	Plate
3. Make	_Model	Colo	r	Plate
4. Make	_Model	Color	r	Plate
Agent/Property Manager Author Please provide the following infor access your account.	mation <u>only</u> if you	would like to author		
Agent Name/Company Name:		/		
Mailing Address:				
Home Telephone:	Work Telephone:			
E-Mail:	Cell Telephone:			
□ Please send a copy of all <b>violation</b>	<b>ns</b> to my authorized A	Agent/Property Manag	er at the address	listed above.
$\Box$ Please send a copy of all <b>billing s</b>	tatements to my aut	horized Agent/Property	y Manager at the	address listed above.

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