Maryland Heights Community Association, Inc. c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: marylandheights@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 occupied</u> , please provide homeowner vehicle information:				
1. Make	_ Model	Color	r	Plate
2. Make	_ Model	Color	r	Plate
3. Make	_Model	Color	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 violatio	ns to my authorized .	Agent/Property Manag	er at the address	listed above.
□ Please send a copy of all billing s	tatements to my aut	horized Agent/Property	y Manager at the	address listed above.
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*For Rental Properties: If this property is a rental, completion of the Tenant Tracking Form is required.