

**Aspen Shadows Condominium Association
c/o Vision Community Management
914 N San. Francisco St, Ste A, Flagstaff, AZ 86001
Office: (928) 286-3080 Fax: (928) 286-3081
Email: Aspenshadows@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 Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Telephone: _____

Occupancy (Please check one):

- Owner Occupied-Full Time Owner Occupied-Part Time Vacant Rental*

If this property is owner occupied, please provide homeowner vehicle information:

1. Make _____ Model _____ Color _____ Plate _____

2. Make _____ Model _____ Color _____ Plate _____

3. Make _____ Model _____ Color _____ Plate _____

4. Make _____ Model _____ Color _____ Plate _____

Agent/Property Manager Authorization (Optional):

Please provide the following information only if you would like to authorize an agent or property manager to access your account.

Agent Name/Company Name: _____ / _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Telephone: _____

Please send a copy of all **violations** to my authorized Agent/Property Manager at the address listed above.

Please send a copy of all **billing statements** to my authorized Agent/Property Manager at the address listed above.

***For Rental Properties: If this property is a rental, the Rental Registration Form is required.**