Union Hills Condominium Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: UnionHills@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 Occ	cupied- Part Time	t □ Rental*
If this property is owner occupi	<u>ed</u> , please provide	e 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 infor access your account.		•	ent or property manager to
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 Manager at the add	ress listed above.
☐ Please send a copy of all billing s	statements to my au	thorized Agent/Property Manager at	t the address listed above.

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