Scottsdale Highland Estates Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: ScottsdaleHighlandEstates@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 Occup	oied- Part Time	acant Rental*
If this property is owner occupie	<u>ed</u> , please provide h	omeowner vehicle inform	nation:
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.	· •		r agent 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 Ag	gent/Property Manager at the	address listed above.
☐ Please send a copy of all billing s	tatements to my author	orized Agent/Property Manag	er at the address listed above

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