The Meadows East Community Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: TheMeadowsEast@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	\Box Owner Occup	pied- Part Time	cant 🗌 Rental*
If this property is <u>owner occupic</u>	<u>ed</u> , please provide h	omeowner vehicle inform	ation:
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.	mation <u>only</u> if you w	vould like to authorize your	
Agent Name/Company Name:		//	
Mailing Address:			
Home Telephone:	Work Telephone:		
E-Mail:	Cell Telephone:		
□ Please send a copy of all violation	ns to my authorized Ag	gent/Property Manager at the a	address listed above.
□ Please send a copy of all billing s	tatements to my autho	orized Agent/Property Manage	er 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.