Ventana Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: Ventana@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 Occu	pied- Part Time 🛛 Vaca	nt 🗌 Rental*
If this property is <u>owner occupied</u> , 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 Autho Please provide the following infor access your account. Agent Name/Company Name:	mation <u>only</u> if you	would like to authorize your a	
Mailing Address:			
Home Telephone:		_ Work Telephone:	
E-Mail:	Cell Telephone:		
□ Please send a copy of all violation	s to my authorized A	agent/Property Manager at the ad	dress listed above.
□ Please send a copy of all billing st	atements to my auth	norized Agent/Property Manager	at the address listed above.

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