

**Aspen Shadows Condominium Association**  
**c/o Vision Community Management**  
**16625 S. Desert Foothills Pkwy Phoenix, AZ 85048**  
**Office: (928) 286-3080 Fax: (928) 286-3081**  
**Email: [Aspenshadows@WeAreVision.com](mailto: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.**