## Villas Montanas Community Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: villasmontanas@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.

Property Address:	Lot #:		
Homeowners Name (s):			
		Work Telephone:	
E-Mail:		Cell Telephone:	
If this property is owner occ	cupied, please provid	de homeowner vehicle informa	tion:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
access your account.	information <u>only</u> if yo	<i>nal</i> ): ou would like to authorize an age	
		Work Telephone:	
E-Mail:	Cell Telephone:		
☐ Please send a copy of all <b>v</b>	v <b>iolations</b> to my autho	orized Agent/Property Manager a	at the address listed above.
☐ Please send a copy of all I	<b>pilling statements</b> to	my authorized Agent/Property M	Manager at the address listed
above.			

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