Countrywalk 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: CountrywalkEstates@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:			
	Work Phone:		
E-Mail:	Cell Phone:		
Occupancy (Please check one):			
☐ Owner Occupied-Full Time	☐ Owner Occup	pied-Part Time	☐ Rental*
If this property is owner occupie	<u>ed</u> , please provide h	omeowner 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 Author Please provide the following infor access your account.	\ 1		or property manager to
Agent Name/Company Name:			
Mailing Address:			
Home Telephone:			
E-Mail:	Cell Telephone:		
☐ Please send a copy of all violation	ns to my authorized Ag	gent/Property Manager at the address	s listed above.
☐ Please send a copy of all billing s	tatements to my autho	orized Agent/Property Manager at th	e address listed above.

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