Paradise Views I and III Homeowners' Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: paradiseviews@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: | | I | Lot #: | |
|------------------------------|------------------------------|---|-------------------------------|--|
| Homeowners Name (s): | | | | |
| | | | | |
| Home Telephone: | | Work Telephone: | | |
| E-Mail: | | Cell Telephone: | | |
| If this property is owner oc | cupied, please provi | ide 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 only if y | <i>nal</i>): you would like to authorize an age | | |
| | | | | |
| | | | | |
| E-Mail: | | Work Telephone: Cell Telephone: | | |
| ☐ Please send a copy of all | violations to my auth | norized Agent/Property Manager | at the address listed above. | |
| ☐ Please send a copy of all | billing statements to | my authorized Agent/Property N | Manager at the address listed | |
| above. | | | | |

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