Victoria 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: victoriaestates@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):			
Off-site mailing address:			
Home Telephone:		Work Telephone:	
E-Mail:	Cell Telephone:		
If this property is owner occup	<u>pied</u> , please provide l	nomeowner vehicle informa	tion:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
Agent/Property Manager Auth Please provide the following inf access your account. Agent Name/Company Name: _	formation <u>only</u> if you v	would like to authorize an age	
Mailing Address:			
Home Telephone:			
	Cell Telephone:		
☐ Please send a copy of all vio	lations to my authoriz	zed Agent/Property Manager a	at the address listed above.
☐ Please send a copy of all bill	ling statements to my	authorized Agent/Property M	Sanager at the address listed
above.			

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