Valencia Groves Homeowners Association, Inc. c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683

Email: valenciagroves@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:		1	Lot #:
Homeowners Name (s):			
Off-site mailing address:			
Home Telephone:		Work Telephone:	
E-Mail:	Cell Telephone:		
If this property is owner occu	<u>pied</u> , please provide I	homeowner vehicle informa	ation:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
Agent/Property Manager Autorities Please provide the following in access your account. Agent Name/Company Name: Mailing Address:	formation <u>only</u> if you v	would like to authorize an ag	
Mailing Address:			
	Work Telephone: Cell Telephone:		
☐ Please send a copy of all vie	olations to my authoriz	zed Agent/Property Manager	at the address listed above.
☐ Please send a copy of all bi l	lling statements to my	authorized Agent/Property l	Manager at the address listed
above.			

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