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

Email: Dunlap@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:			
Home Phone:			
E-Mail:		Cell Phone:	
Occupancy (Please check one):			
☐ Owner Occupied-Full Time	☐ Owner Occur	pied- Part Time	ant Rental*
If this property is owner occup	<u>ied</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 info access your account.	ormation <u>only</u> if you v	would like to authorize your a	
Agent Name/Company Name:		/	
Mailing Address:			
Home Telephone:		_ Work Telephone:	
E-Mail:		Cell Telephone:	
☐ Please send a copy of all violation	ons to my authorized A	gent/Property Manager at the ad	ldress listed above.
☐ Please send a copy of all billing	•		

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