## Club Scottsdale Condominium Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: ClubScottsdale@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 Occi	upied- <b>Part Time</b> $\Box$ Vacan	t □ Rental*
If this property is owner occupie	ed, please provide	homeowner vehicle information	on:
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.	` -		ent or property manager to
Agent Name/Company Name:			
Mailing Address:			
Home Telephone:		Work Telephone:	
E-Mail:		Cell Telephone:	
☐ Please send a copy of all <b>violatio</b>	<b>ns</b> to my authorized A	Agent/Property Manager at the add	ress listed above.
☐ Please send a copy of all <b>billing s</b>	•		

<sup>\*</sup>For Rental Properties: If this property is a rental, completion of the Tenant Tracking Form is required.