

**Artisan Parkview Condominium Association, Inc.**  
**c/o Vision Community Management**  
**16625 S Desert Foothills Pkwy | Phoenix, AZ 85048**  
**Office: (480) 759-4945 Fax: (480) 759-8683**  
**Email: artisan@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 occupied, please provide homeowner vehicle information:**

1. Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

2. Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

3. Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

4. Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

**Agent/Property Manager Authorization (Optional):**

Please provide the following information only if you would like to authorize an agent or property manager to access your account.

Agent Name/Company Name: \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Please send a copy of all **violations** to my authorized Agent/Property Manager at the address listed above.

Please send a copy of all **billing statements** to my authorized Agent/Property Manager at the address listed above.

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