

Crystal Springs II, Inc.
c/o Vision Community Management
16625 S Desert Foothills Pkwy | Phoenix, AZ 85048
Office: (480) 759-4945 Fax: (480) 759-8683
Email: crystalsprings2@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.