Fairway VI Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: fairway6@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):			
Home Telephone:		Work Telephone:	
E-Mail:		Cell Telephone:	
If this property is <u>owne</u>	e <u>r occupied</u> , please provid	e homeowner vehicle inform	ation:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
	ger Authorization (<i>Option</i>) ving information <u>only</u> if yo	<i>al</i>): ou would like to authorize an ag	gent or property manager to
Agent Name/Company Name:		/	
Mailing Address:			
Home Telephone:		Work Telephone:	
E-Mail:			
□ Please send a copy of	f all violations to my autho	rized Agent/Property Manager	at the address listed above.
□ Please send a copy of	f all billing statements to r	ny 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.