Santa Fe Ridge Homeowners' Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: santaferidge@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:	Work Phone:		
E-Mail:	Cell Phone:		
Occupancy (Please check one):			
□ Owner Occupied- Full Time	Owner Occu	pied- Part Time 🛛 Vaca	ant 🗌 Rental*
If this property is <u>owner occupic</u>	<u>ed</u> , please provide ł	nomeowner vehicle informat	tion:
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.			gent or property manager to
Agent Name/Company Name:		//	
Mailing Address:			
Home Telephone:	Work Telephone:		
E-Mail:	Cell Telephone:		
□ Please send a copy of all violation	ns to my authorized A	gent/Property Manager at the ad	ldress listed above.
\Box Please send a copy of all billing s	tatements to my auth	orized 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.