**Tempe Homestead Homeowners Association**
**c/o Vision Community Management**
**16625 S Desert Foothills Pkwy | Phoenix, AZ 85048**
**Office: (480) 759-4945 Fax: (480) 759-8683**
**Email: TempeHomestead@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 Occupied-**Part Time** ☐ Vacant ☐ Rental*

**If this property is <u>owner occupied</u>, 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 <u>only</u> if you would like to authorize your 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.**