

**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.

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 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 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.**