## Highline Ranch Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: highlineranch@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 Occupi	ed- <b>Part Time</b> 🛛 Va	acant 🗌 Rental*
If this property is <u>owner occupic</u>	<u>ed</u> , please provide ho	meowner vehicle inform	ation:
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. Agent Name/Company Name:	mation <u>only</u> if you we		
Mailing Address:	<u> </u>		
Home Telephone:	Work Telephone:		
E-Mail:	Cell Telephone:		
□ Please send a copy of all <b>violation</b>	ns to my authorized Age	ent/Property Manager at the	address listed above.
$\Box$ Please send a copy of all <b>billing s</b>	tatements to my author	ized Agent/Property Manag	er at the address listed above.
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\*For Rental Properties: If this property is a rental, completion of the Tenant Tracking Form is required.