Arizona Greens Community Association c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048 Office: (480) 759-4945 Fax: (480) 759-8683 Email: arizonagreenshoa@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	e 🗆 Owner Occu	upied-Part Time	Vacant 🗌 Rental*
If this property is <u>owner occur</u>	<u>vied</u> , please provide l	homeowner vehicle inf	ormation:
1. Make	Model	Color	Plate
2. Make	Model	Color	Plate
3. Make	Model	Color	Plate
4. Make	Model	Color	Plate
Agent/Property Manager Auth Please provide the following info access your account.	· •	-	our agent or property manager to
Agent Name/Company Name: _			
Mailing Address:			
Home Telephone:		Work Telephone:	
E-Mail:	Cell Telephone:		
□ Please send a copy of all violati	ons to my authorized A	Agent/Property Manager at	the address listed above.
□ Please send a copy of all billing	s statements to my auth	horized Agent/Property Ma	nager at the address listed above.
*For Rental Properties: If this	property is a rental	l, completion of the Ter	ant Tracking Form is required.