

**Jensen Manor Homeowners' Association, Inc.**  
**c/o Vision Community Management**  
**914 N San. Francisco St, Ste A, Flagstaff, AZ 86001**  
**Office: (928) 286-3080 Fax: (928) 286-3081**  
**Email: JensenManor@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 Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

**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 an 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, the Tenant Tracking Form is required.**