The Terraces at Tiburon Condominium Association, Inc. c/o Vision Community Management 16625 S Desert Foothills Pkwy | Phoenix, AZ 85048

Office: (480) 759-4945 Fax: (480) 759-8683 Email: TerracesTiburon@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.

Unit/Lot #:

Homeowners Name (s):

| Off-site mailing address: | | | |
|---|------------------------------|-----------------------------|-----------------|
| Home Phone: | Work Phone: Cell Phone: | | |
| E-Mail: | | | |
| Occupancy (Please check one): | | | |
| ☐ Owner Occupied-Full Time | ☐ Owner Occup | oied- Part Time | acant Rental* |
| If this property is <u>owner occupi</u> | <u>ed</u> , please provide h | omeowner vehicle inform | nation: |
| 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 info | rmation <u>only</u> if you w | ould like to authorize your | |
| access your account. Agent Name/Company Name: | | / | |
| • | | | |
| Agent Name/Company Name: | | | |

^{**}Only one statement can be sent out per property at no charge to the property. If you select this option, an additional \$2.50 will be billed to your account monthly per the Board of Directors**

^{*}For Rental Properties: If this property is a rental, completion of the Tenant Tracking Form is required.