



AUTHORIZATION AND CHANGE FORM

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Business Ownership Disclosure
 Third Party Authorization
 Tenant Authorization
 Account Change

UNIT OWNER INFORMATION			
Property Address			
Homeowner Name (1)		Email	
Primary Phone Number		Phone Number	
Homeowner Name (2)		Email	
Primary Phone Number		Phone Number	

BUSINESS OWNERSHIP DISCLOSURE			
<i>Please use this form to inform us of the owner or legal representative name if the property was purchased under a Business or Trust name.</i>			
Business or Trust Name			
Legal Representative Name			
Mailing Address (if different)			
Email			
Primary Phone Number		Phone Number	

THIRD PARTY / TENANT AUTHORIZATION			
<i>I am the homeowner and/or property manager of the above property and would like to grant the following tenants (with a valid lease) or a representative as stated below authorization to purchase, collect or discuss (please initial):</i>			
	Gate Remotes		Access Cards, FOBS, Keys
	Parking (Decals & Guest Passes)		Compliance Violations
	Fine Accounts		Other:

THIS AUTHORIZATION WILL BE VALID FOR THE DURATION OF THE LEASE OR UNTIL OTHERWISE SPECIFIED IN WRITING			
Authorized Person Name (1)			
Email			
Primary Phone Number		Phone Number	
Authorized Person Name (2)			
Email			
Primary Phone Number		Phone Number	
Authorized Person Name (3)			
Email			
Primary Phone Number		Phone Number	

CHANGE OF ADDRESS / CONTACT INFORMATION	
Old Mailing Address	
New Mailing Address	
Other (specify):	

Please note by changing the mailing address any and all mail will be forwarded to that address. Registered Property Managers will always get an email notification of notices.

Homeowner/Property Manager Signature:		Date:	
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TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS ACCURATE, TRUE, AND COMPLETE. BY SIGNING THIS FORM, I AGREE AND UNDERSTAND THAT ALL ELECTRONIC SIGNATURES ARE THE SAME AS MY MANUAL/HANDWRITTEN SIGNATURE AND THAT I CONSENT TO BE LEGALLY BOUND BY IT.