

Authorization for the Release of Information

I, the owner of the property at		<i>,</i> in	
	Property address		
	authorize	Authorized person	, my
Community Name		Authorized person	
	, to receive commu	nications regarding my property	
Relationship			
including invoices, late notices, cover	nant violation notices, ame	nity information, and any docume	entation
sent by the Association or manageme	ent company.		
Signature of Owner	Date		
Printed Name			
Mailing Address for Association Com	munications		
Name			
Street Address			
City, State & Zip			
Email Address			
Phone number			