CIC INFORMATION AND PROPERTY AUTHORIZATION

EQUAL HOUSING OPPORTUNITY

Common Interest Community: _____

Property Address: _____

_____

Owner's Name: _____

Owner's Address: _____

_____

Owner's Telephone: _____

Property Manager's Name: _____

Property Manager's Address: _____

_____

Property Manager's Telephone: _____

This authorization certifies that _____ (name of property manager), is my authorized Representative and Property Manager who represents and manages all aspects concerning the above stated property until _____ when the current Property Management Agreement expires. Please release and/or provide to them the following items that have been **initialed** by me:

____ Gate System Entry	____ Community Keys	____ Gate Remote/Card
____ Parking Passes	____ Visitor Tags	____ Parking Space #____
____ Mailbox #_____	____ Updated Information	____ Notifications
____ Violation letters	____ CC&Rs/Policies	____ Newsletters
____ Assessment Account Info	____ Policy/Rule Changes	____ Other _____
____ Other _____	____ Other _____	____ Other _____

_____ _____ _____

Owner's Name Owner's Signature Date

State of _____
County of _____

This instrument was acknowledged before me this _____ day of _____, 20____ by _____.

(Notary Seal)

_____

Signature of Notarial Officer

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