

HOA AUTHORIZED AGENT FORM

C/O LEVEL COMMUNITY MANAGEMENT

8966 Spanish Ridge Ave., Suite 100 Las Vegas, Nevada 89148 • Tel: 702-433-0149 • Fax: 702-444-2416

OWNER INFORMATION (TO BE COMPLETED BY THE OWNER)

(ALL INFORMATION SUBJECT TO VERIFICATION THROUGH COUNTY AND ASSOCIATION RECORDS)

OWNER'S NAME: _____ ACCOUNT NUMBER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PREFERRED PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

AUTHORIZED AGENT

PROPERTY MANAGER/MANAGEMENT COMPANY: _____

ASSOCIATION IS AUTHORIZED TO DISCUSS AND TAKE DIRECTION FROM AGENT ON: (CIRCLE ALL THAT ARE APPLICABLE):

ASSESSMENTS/ACCOUNT BALANCE **COMPLIANCE ISSUES/VIOLATIONS** **ALL PROPERTY MATTERS**

MAILING ADDRESS: _____

CONTACT NUMBERS: WORK: _____ CELL: _____ FAX: _____

EMAIL: _____

ASSOCIATION MAILINGS

ONE mailing address is to be designated as the main mailing address for all accounts to which legal official required mailings of the Association will be sent. Official correspondence includes registration forms, account statements and/or coupon books, Board meeting agendas, nomination forms, and ballots for Board of Directors elections.

Please check ONE box below to indicate to which address the Association is to send these mailings. If no box is checked, mail will be sent to Owner's mailing address.



Send this type of correspondence to me at my mailing address as listed above.



Send this type of correspondence to me care of my property management company/authorized agent at their mailing address as listed above.

COMPLIANCE MAILINGS Per request, the Association will copy a property management company or authorized agent on all compliance related mailings and on certain Association mailings as directed by the Board.



Send a copy of compliance related correspondence to my property management company.

OWNER: _____

SIGNATURE

DATE