## HOA AUTHORIZED AGENT FORM

## C/O LEVEL COMMUNITY MANAGEMENT

8966 Spanish Ridge Ave., Suite 100 Las Vegas, Nevada 89148 • help@levelprop.com

## <u>OWNER INFORMATION</u> (TO BE COMPLETED BY THE OWNER) (ALL INFORMATION SUBJECT TO VERIFICATION THROUGH COUNTY AND ASSOCIATION RECORDS)

OWNE	R'S NAME:	ACCOUNT	Г Number:
PROPE	ERTY ADDRESS:		
MAILI	NG ADDRESS:		
PREFE	RRED PHONE:	FAX:	
EMAIL	ADDRESS:		
		AUTHORIZED AGENT	
PROPE	ERTY MANAGER/MANAGEMENT	Г COMPANY:	
	CIATION IS AUTHORIZED TO DIS	CUSS AND TAKE DIRECTION FROM AGENT	
		COM ETANCE ISSUES/ VIOLATIONS	
		Cell:	
		CHEL.	
LIVITALE		ASSOCIATION MAILINGS	
require	ed mailings of the Association tents and/or coupon books, Books,	nated as the main mailing address for a will be sent. Official correspondence in ard meeting agendas, nomination forms,	cludes registration forms, account
	check ONE box below to indied, mail will be sent to Owner's	cate to which address the Association is a mailing address.	to send these mailings. If no box is
	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 a their mailing address as listed above.		
	ized agent on all compliance re	r request, the Association will copy a propleted mailings and on certain Association	
	Send a copy of compliance re	elated correspondence to my property ma	nagement company.
Owni	ER:		
		SIGNATURE	DATE