



AUTHORIZATION FORM

The intent of this AUTHORIZATION FORM is to expedite the resolution of delays for accounting/billing purposes and for violations. The person you AUTHORIZE in this role will be able to make decisions on your behalf which will be binding upon you.

Property Address _____

Owner Name: _____
(Please Print)

AUTHORIZED representative:

Name of Representative: _____

This person is my: Spouse/Property Manager/Contractor/Other _____

Mailing Address _____

Phone: _____ E-mail _____

I agree that my AUTHORIZED representative may be contacted to resolve any compliance and/or accounting issues, and that decisions made by this person on my behalf will be binding upon me. I understand that this designation will remain in effect until revoked in writing.

Owner's Signature: _____

Date: _____

***Please complete this form and return to
MOUNTAIN'S EDGE MASTER ASSOCIATION***