



## Authorization to Release Property Information

In order to best serve our homeowners, we acknowledge that you may want to authorize other individual(s) or a company to access your association account/property information. Please fill out the following sections completely.

Homeowner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Association Name: \_\_\_\_\_

Homeowner Phone: \_\_\_\_\_ Homeowner Email: \_\_\_\_\_

I, \_\_\_\_\_, the owner of the property located at \_\_\_\_\_, hereby give permission to Terra West Management Services to send, correspond or communicate with \_\_\_\_\_ and authorize said individual to have the following access to my account/information for the property address listed above:

\_\_\_\_\_ Account Balance Detail      \_\_\_\_\_ Gate Remotes      \_\_\_\_\_ ARC Submittals/Approvals

\_\_\_\_\_ Community Keys      \_\_\_\_\_ Gate Access Info/Code      \_\_\_\_\_ Violation Information

\_\_\_\_\_ Any other information specific to this property maintained by the homeowners' association or its management company.

\_\_\_\_\_ Written communication between homeowner and Terra West.

\_\_\_\_\_ All of the above

Homeowner Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**Terra West bears no liability associated with the release of any information concerning the homeowner or the subject property. By authorizing this release of information, the homeowner specifically waives any and all claims against Terra West in association with the content or release of the information.**

Authorized Individual Name: \_\_\_\_\_

Authorized Individual Company: \_\_\_\_\_

Authorized Individual Address: \_\_\_\_\_

Authorized Individual Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please note additional documents must accompany this form for the following Authorized Individuals:

- Tenant: A copy of the Lease Agreement
- Property Manager: A copy of the Management Agreement
- Realtor: A copy of the Listing Agreement

Return completed form to: Terra West Management Services  
P. O. Box 80900, Las Vegas, NV 89180-0900  
Phone (702) 362-6262 • Fax (702) 362-5046

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