AUTHORIZATION/RELEASE FORM

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: _____

Note: If this does not match the existing address on file, completion of this form will not authorize a change. To update the mailing address on the account, you must complete & provide a separate Change of Address Form.

I (We),_____ , the owner(s) of the property as indicated above, hereby give permission to Terra West Management Services to send, correspond and/or communicate with _____ and authorize said individual and/or company to have the following access to my account/information as it pertains to the property address above **(Must select one or more of the following):**

☐ Account Balance Details ☐ Parking Info/Pass ☐ ARC Submittals/Approvals

☐ Community Keys/Codes ☐ Gate Info/Code/Remotes ☐ 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

☐ Authorization to make changes to account/contact information

☐ All of the above

Homeowner Signature: _____ Date Signed: _____

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. I (We) further understand that it is my (our) responsibility to contact Terra West Management Services in writing to void any authorization should I (We) wish this individual and/or company to no longer have access.

Authorized Individual Name:_____

Authorized Individual Company:_____

Authorized Individual Address:_____

Authorized Individual Phone Number:_____ Email:_____

PLEASE RETURN THE COMPLETED FORM
TO: Terra West Management Services
6655 S. Cimarron Road, Suite 200
Las Vegas, NV 89113
AR@terrawest.com