



11411 Southern Highlands Parkway, Ste. #100  
 Las Vegas, NV 89141 (702) 361-6640  
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# Owner Information Form

Owner \_\_\_\_\_ Email \_\_\_\_\_

Unit Address \_\_\_\_\_ Phone \_\_\_\_\_

SELECT ASSOCIATION(S):	<input type="checkbox"/> <i>Horizon Gibson</i>	<input type="checkbox"/> <i>Monterosso Premier</i>	<input type="checkbox"/> <i>Tuscan Cliffs</i>
<input type="checkbox"/> <i>Bella Sera</i>	<input type="checkbox"/> <i>Interlude</i>	<input type="checkbox"/> <i>Royal Highlands</i>	<input type="checkbox"/> <i>Vintage Valley</i>
<input type="checkbox"/> <i>Estates</i>	<input type="checkbox"/> <i>Lennar's Masters Collection</i>	<input type="checkbox"/> <i>Southern Highlands</i>	<input type="checkbox"/> Other _____

**ELECTRONIC MAILING OPTIONS** If electronic mailings are not received, please contact the Association office to investigate the issue.

I would like to receive community information via email.       I would like to receive monthly statements via email.

Email Address: \_\_\_\_\_

**OWNER'S MAILING ADDRESS CHANGE**

FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME CHANGE (Add or Remove)** Please print carefully. All spelling or marital status changes require a copy of the recorded title paperwork or other documentation recorded against the above referenced unit.

FROM \_\_\_\_\_ TO \_\_\_\_\_

**ADDITIONAL CONTACTS** An Owner may add a Contact to their account(s) by completing this form indicating what type of information the Association is authorized to share with the Owner's contact person(s).

1. Contact's Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City                      State                      Zip

Type: (Defined below)     ALL             BILLING             MAILING             CONTACT ONLY

I AUTHORIZE this contact to attend Hearings on my behalf. \_\_\_\_\_ (initials)

I AUTHORIZE this contact to access and make changes to my gate access account. \_\_\_\_\_ (initials)

2. Contact's Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City                      State                      Zip

Type: (Defined below)     ALL             BILLING             MAILING             CONTACT ONLY

I AUTHORIZE this contact to attend Hearings on my behalf. \_\_\_\_\_ (initials)

I AUTHORIZE this contact to access and make changes to my gate access account. \_\_\_\_\_ (initials)

**DEFINITIONS:**

ALL - Contact will receive all mail pertaining to the unit and will be authorized to receive information and make changes to all of my accounts. However, this does not give these individuals the right or authority to attend Hearings, Homeowner's Meetings, or to vote on my behalf.

BILLING - Contact will receive assessment account mail only and will be authorized to receive information on my assessment account only.

MAILING - Contact will receive compliance account mail only and will be authorized to receive information on my compliance account only.

CONTACT ONLY - Contact will only be authorized to discuss my account information over the phone. No statements or mail will be sent to this contact.

As the Owner of the above referenced unit, I authorize OMS to make the above listed changes to my Association records.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_