



11411 Southern Highlands Parkway, Ste. #100
 Las Vegas, NV 89141 (702) 361-6640
 information@olympiacompanies.com

Owner Information Form

Owner _____ Email _____

Unit Address _____ Phone _____

SELECT ASSOCIATION(S):

<input type="checkbox"/> Bella Sera	<input type="checkbox"/> Lennar's Masters Collection	<input type="checkbox"/> Olympia Ridge	<input type="checkbox"/> The Legends
<input type="checkbox"/> Civano	<input type="checkbox"/> Lone Mountain Heights	<input type="checkbox"/> Royal Highlands	<input type="checkbox"/> Tuscan Cliffs
<input type="checkbox"/> Estates	<input type="checkbox"/> Monterosso Premier	<input type="checkbox"/> Skye Canyon	<input type="checkbox"/> Vintage Valley
<input type="checkbox"/> Interlude	<input type="checkbox"/> Monterosso Vintage	<input type="checkbox"/> Southern Highlands	<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 _____