



PROPERTY MANAGEMENT INFORMATION/AUTHORIZATION

To best serve you as managing agent for your Homeowner's Association, we need to know if you will be renting or leasing your property. Please complete the information requested on this form, sign and return to our office utilizing our contact information shown below.

Property Address: _____

Owner Name: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

I understand that I have one address of record listed with my Homeowner's Association which is the property address -- unless I have listed a different mailing address above. I also understand that all Assessment and Collection information will be mailed only to my address of record regardless of my retaining the services of a property manager or property management company. Further, I will ensure that tenants receive and understand their responsibilities in the Community's Governing Documents.

Owner Signature: _____ Date: _____

____ **NO, I DO NOT PLAN TO LEASE or RENT THIS PROPERTY.** If not already residing in home, I anticipate moving in to this residence on _____

____ **YES, I PLAN TO LEASE or RENT MY PROPERTY**

____ I will self-manage this property

____ I have retained the services of a professional property manager to serve as my agent in matters concerning the exterior condition of the above-referenced property. Please also include the following property manager on correspondence addressed to me pertaining to the condition of this property.

Property Management Company Name: _____

Mailing Address: _____

Contact Name & Number: _____

Email Address: _____

Submit Form Electronically:

McNeil Management Services, Inc.
P.O. Box 6235, Brandon, FL 33508-6004
Phone: **(813) 571-7100** Fax: **(813) 689-2747**
Email: **management@mcneilmsi.com**
Internet: **www.mcneilmsi.com**