



CORNERSTONE

COMMUNITY ASSOCIATION MANAGEMENT, INC.

Authorization for Release of Assessment Account Information

**PLEASE PRINT NEATLY AND LEGIBLY.
PLEASE READ THE ENTIRE DOCUMENT PRIOR TO SIGNING.**

Owner's Information

Association Name:	Account Number:
Property Address:	
Owner Name:	
2 nd Owner/Agent Name:	
Phone:	Fax / Email:

I/we (Owner/Owner's Agent) hereby authorize ***Cornerstone Community Association Management***, (Agent), as agent for the association named above (the Corporation), to send personal account information, that may contain, but is not limited to, assessments, fines, fees, collection costs, and any other charges related to the account, to the following designated representative/intermediary:

Representative/Intermediary

Name:	Company Name:
Phone:	Fax / Email:
Address:	

I understand that, by signing this document, I am authorizing the Corporation to disclose information to the representative/intermediary that is of a financially sensitive and private nature. I hereby certify that I am the

owner/owner's agent of the referenced property and have the right to make this authorization. I agree by signing this authorization that I do hereby release, waive, discharge and covenant not to sue and hold harmless from any and all liability, claims, costs and expenses whatsoever arising out of, or related to, any loss, damage, or injury, that may be sustained as a result thereof.

I further certify that I understand that this authorization is not intended to be used as a Resale Disclosure as required by NRS 116.4109 nor is it intended to be a Payoff Demand and that the information being provided is for informational purposes only.

I understand and agree that reasonable fees may be charged to my account for any services provided to the designated representative/intermediary.

I have read this entire document and agree to all terms contained herein.

Signed,

Owner/Agent Signature

Date

Print Name

Owner/Agent Signature

Date

Print Name

This authorization will expire upon receipt of written notification from the owner.

If you are signing this document in your capacity as an authorized agent of the homeowner then you must provide a copy of a signed and notarized Power of Attorney that is in full force and effect and grants the appropriate authority.

If you are a Title Insurance Agency and you are ordering a Payoff Demand, an account ledger will be provided as a courtesy, upon request, and this form is not necessary.

If you need to obtain a copy of a Notice of Lien please contact the Recorder's Office of Clark County, Nevada.