

The Cascades at Saint Lucie West Residents Association, Inc.

Listing Agent Authorization Form

Date: _____

Homeowner Name(s): _____

Address: _____

Phone #: _____

Power of Attorney (if applicable): _____

(Documentation must be on file with management office)

Listing Agent: _____

Real Estate Company: _____

Phone No.: _____

Is there a lock box? (Circle Y or N): Y / N

The Homeowner/Power of Attorney gives the authority to the named above Listing Agent for access control to realtors for the viewing purpose of the above property address and club house amenities. The Listing Agent will be added as a "2nd Primary" on the EIQ system to use the Call Authorization System.

Homeowner/Power of Attorney (signature) (Date)

Listing Agent (signature) (Date)

Please initial:

I have read and accept the terms of the attached rules and regulations for Cascades of St. Lucie West. _____

Delivered to Campbell Property Management on _____ rec'd by _____

Cascadesfrontdesk@campbellproperty.com
772-785-5950