

 Master Association
CONTRACTOR AUTHORIZATION FORM

Home Owner Information:

LAST Name(s): _____
LAST NAME(s)

FIRST Name(s) _____
FIRST NAME(s)

Property Address: _____
Coto de Caza, CA 92679

Home Number: _____

Mobile Number: _____

EMAIL: _____

Contractor Information:

Contact Person: _____

Contracting Company: _____

Address/City/ST/Zip: _____

Telephone Number: _____

EMAIL: _____

“I, _____ (**Homeowner Name**), hereby authorize my contractor
_____ (**Contractors Name**) from the following company:
_____ (**Company Name**) to act on my behalf in connection with the CZ
Master Association architectural approval process for the above-referenced lot. I understand that any and all actions
taken by the Contractor and the results of said actions are my responsibility. I hereby authorize CZ
Master Association, and their agents (collectively, the “Association Entities”) to deal directly with
Contractor rather than with me in connection with the architectural approval process, and hereby release the
Association from any liability for failing to deal with me, so long as they have communicated with Contractor in
my place and stead.”

Homeowner Signature Date

Contact/Contractor Signature Date