



**Form No. 4**

**OWNER'S AUTHORIZATION FORM**

This agreement dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, shall authorize the Quail Ridge Homeowners Association to recognize as my Designated Agent: \_\_\_\_\_, to represent me on all matters relating to the construction on lot # \_\_\_\_ located at the street address of \_\_\_\_\_, Kalispell, MT 59901.

**DESIGNATED AGENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand and agree that I am responsible for the actions of my Agent and that this authorization shall continue until \_\_\_\_\_ or my written notice to the Quail Ridge Homeowners Association to terminate this authorization has been received by the Architectural Review Committee.

Agreed to and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
Property Owner

By: \_\_\_\_\_  
Designated Agent

Accepted by the Quail Ridge Homeowners Association

By: \_\_\_\_\_ Date: \_\_\_\_\_