

DESIGNATION OF PROPERTY MANAGER

Please print or type requested Information

AGENCY NUMBER: _____ DATE: _____

AGENCY NAME: _____

MAILING ADDRESS: _____

City

State

Zip

Telephone : (_____) _____ Fax: (_____) _____

FORMER PROPERTY MANAGER: _____

CURRENT PROPERTY MANAGER: _____

EFFECTIVE DATE OF DESIGNATION: _____

APPROVAL: _____ DATE: _____

Agency Head's Signature

LPA A USE ONLY

APPROVAL: _____ DATE: _____

Compliance Manager

LPA A AUDITOR: _____