

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

LCAA USE ONLY

APPROVAL: _____ DATE: _____

Compliance Manager

LCAA AUDITOR: _____