

# 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: \_\_\_\_\_

LPAA AUDITOR: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Agency Head's Signature

---

LPAA USE ONLY

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Compliance Manager