



EAGLE BEND WEST COMMUNITY ASSOCIATION, INC.

OWNER AUTHORIZATION FORM

Provide the following Owner information:

| | Name | Street Address | Phone # | E-mail | Lot # |
|-------|------|----------------|---------|--------|-------|
| Owner | | | | | |

This letter Agreement dated this ____ day of _____ 20____, shall authorize the Design Review Committee (DRC) of the Eagle Bend West Community Association, Inc. to recognize the below as my “Designated Agent” to represent me on all matters relating to the construction of my residence on Lot # _____, located at the street address of _____, Bigfork, MT 59911.

Provide the following Designated Agent information:

| | Name | Street Address | Phone # | E-mail | Lot # |
|------------------|------|----------------|---------|--------|-------|
| Designated Agent | | | | | |

I acknowledge receipt of the Design Guidelines for the property and have read, understand and shall abide by those covenants. It is understood that the DRC shall enforce said covenants in accordance with the authorities vested to insure and protect the values of the Members of the Homeowners Association.

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 DRC to terminate this authorization.

AGREED TO AND ACCEPTED THIS _____ DAY OF _____, 20_____.

BY: _____
 Owner

BY: _____
 Designated Agent

ACCEPTED BY THE DESIGN REVIEW COMMITTEE

BY: _____ Date: _____
 Design Review Committee