

DESIGNATION OF PROPERTY MANAGER

Please print or type requested Information

AGENCY NUMBER: _____ DATE: _____

AGENCY NAME: _____

MAILING ADDRESS: _____

City	State	Zip
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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: _____