POOL KEY REQUEST FORM

Amount of key(s) _____

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (____) _____-_____

Mailing Address (if different from property address for mailing of the key(s)):

_____

_____

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

_____

HOMEOWNER ACKNOWLEDGE

I, hereby acknowledge that duplication of the pool/gate key is prohibited. **First key cost is $15.00** Lost/Additional Keys may be replaced at a cost of $25.00. Guests of Homeowners will observe pool rules and regulations posted. (**ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO FOUNTAIN HILLS/ EMERALD VIEW CONDOS**)

Homeowner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

(OFFICE USE ONLY)

Date: _____ Mailed Key / Date: _____ Picked-up Key Administrator Initials: _____
Check/MO #_____