

# Shadow Run Condominium Association

C/O VISION COMMUNITY MANAGEMENT  
16625 S DESERT FOOTHILLS PKWY  
PHOENIX, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
EMAIL: SHADOWRUN@WEAREVISION.COM  
**POOL KEY REQUEST FORM**

Amount of Keys \_\_\_\_\_

Homeowner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot/Unit #: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**(IF APPLICABLE)**

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**Please note, keys will not be released to tenants or management companies without written homeowner authorization on file.**

Tenant Name: \_\_\_\_\_

Property Management Name/Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## HOMEOWNER ACKNOWLEDGEMENT

Lost/Additional Keys may be replaced at a cost of **\$25.00** each. **(ONLY MONEY ORDER OR CHECK ACCEPTED. PLEASE MAKE PAYABLE TO SHADOW RUN CONDOMINIUM ASSOCIATION.)**

Signature of Person Receiving Key: \_\_\_\_\_ Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

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Administrator: \_\_\_\_\_ Mailed Key / Homeowner Pick-Up (Circle One)

Date: \_\_\_\_\_ Check/MO# \_\_\_\_\_