

**Desert Foothills Condominium Association**

C/O VISION COMMUNITY MANAGEMENT

16625 S Desert Foothills Parkway

PHOENIX AZ 85048

PH (480) 759-4945 FAX (480)759-8683

Email: DesertFoothillsCondo@WeAreVision.com

**RESTROOM KEY REQUEST FORM**

Amount of Keys \_\_\_\_\_ MEN'S \_\_\_\_\_ WOMEN'S

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

**(IF APPLICABLE)**

**Please note, keys will not be released to tenants or management companies without written owner authorization on file. Please contact Vision Community Management to ensure you are authorized to obtain a key.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Owner signature is required to designate release of key(s) to authorized tenant/agent listed below\**

Name of Person Receiving Key(s): \_\_\_\_\_

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

Tenant  Property Management – Agent

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

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

**ACKNOWLEDGEMENT**

A keys may be purchased at a cost of **\$25.00** each.

**(ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO DESERT FOOTHILLS CONDOMINIUM ASSOCIATION)**

Signature of Person Receiving Key(s): \_\_\_\_\_ Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

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

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