

Belmont at Triple Crown Homeowners' Association, Inc.
C/O Vision Community Management
16625 S Desert Foothills Parkway, Phoenix, AZ 85048
(480) 759-4945 FAX (480)759-8683
BelmontTripleCrown@WeAreVision.com

MAILBOX KEY RECEIPT FORM

Homeowner Name: _____

Property Address: _____

Mailing Address(if different): _____

Owner's Authorized Agent (if applicable): _____

Authorized Tenant (if applicable): _____

Please select (☒) from the following options:

☐ I (or my authorized agent/tenant) will pick up the key at community event (more information to follow).

Authorized agent/tenant will need to present picture ID.

☐ Please send my key to the above **mailing address** via certified mail.

Your account will be charged \$15.00 for certified mailing if you select this option.

HOMEOWNER ACKNOWLEDGEMENT

I, HEREBY ACKNOWLEDGE RECEIPT OF MAILBOX KEYS FOR BELMONT AT TRIPPLE CROWN HOMEOWNERS' ASSOCIATION. I ALSO ACKNOWLEDGE THAT THESE ARE THE ONLY KEYS FOR MY MAILBOX.

THE RESPONSIBILITY/EXPENSE TO OBTAIN ANY ADDITIONAL KEYS OR FUTURE LOCK REPLACEMENTS LIES WITH EACH HOMEOWNER.

Signature: _____ Date: _____