

Summit Shadows Community Association

C/O VISION COMMUNITY MANAGEMENT

16625 S. DESERT FOOTHILLS PARKWAY

PHOENIX AZ 85048

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

Email: SummitShadows@WeAreVision.com

PEDESTRIAN GATE KEY FORM

AMOUNT OF KEY(S) REQUESTING \_\_\_\_\_

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

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Lot/Unit #: \_\_\_\_\_

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

Mailing Address (if different from property address of where to mail the key(s)):

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

(If Applicable)

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

Property Management Name/Address: \_\_\_\_\_

\_\_\_\_\_

**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE PED GATE KEY(S) FOR SUMMIT SHADOWS.  
I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED.  
LOST/REPLACEMENT KEYS MAY BE REPLACED AT A COST OF **\$5.00 EACH**.

Homeowner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

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