

Scottsdale 2000 Condominium
C/O VISION COMMUNITY MANAGEMENT
16625 S. Desert Foothills Parkway
PHOENIX, AZ 85048
(480) 759-4945 FAX (480)759-8683
Email:
scottsdale2000@wearevision.com
POOL KEY REQUEST FORM

Number of key(s) _____

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (____) _____ - _____

Mailing Address (if different from property address): _____

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEY(S) FOR LA BUENA VIDA II. I ALSO
ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. LOST/REPLACEMENT KEYS MAY
BE REPLACED AT A COST OF \$5.00 EACH.

**(ONLY MONEY ORDER OR CHECK MADE OUT TO Scottsdale 2000 IS ACCEPTED, AND THE ACCOUNT
MUST BE CURRENT AND PAYMENT MUST BE RECEIVED INORDER TO RECEIVE KEY(S))**

Homeowner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

(OFFICE USE ONLY)

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