

SUMMERFIELD UNIT 6 HOMEOWNERS ASSOCIATION  
C/O VISION COMMUNITY MANAGEMENT  
16625 S. DESERT FOOTHILLS PARKWAY  
PHOENIX, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: summerfield6@wearevision.com  
**POOL KEY REQUEST FORM**

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

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

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

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

Lot/Unit #:

\_\_\_\_\_

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

Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

(If Applicable)

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

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

\_\_\_\_\_

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL KEY(S) FOR SUMMERFIELD UNIT 6 COMMUNITY. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. LOST/REPLACEMENT KEYS MAY BE REPLACED AT A COST OF \$5.00 EACH. ALL OWNERS MUST BE CURRENT IN ORDER TO RECEIVE A KEY.

(ONLY MONEY ORDER OR CHECK ACCEPTED- PAYMENT MUST BE MADE OUT TO THE ASSOCIATION)

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

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

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

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

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(OFFICE USE ONLY)

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