

Fountain Hills Unit Owners  
Association/Emerald View Condos  
C/O VISION COMMUNITY  
MANAGEMENT 16625 S. Desert  
Foothills Parkway PHOENIX AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: emeraldview@wearevision.com

**POOL KEY REQUEST FORM**

Amount of key(s) \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

(If Applicable)

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

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

\_\_\_\_\_

**HOMEOWNER ACKNOWLEDGE**

I, hereby acknowledge that duplication of the pool/gate key is prohibited. First key cost is \$15.00 Lost/Additional Keys may be replaced at a cost of \$25.00. Guests of Homeowners will observe pool rules and regulations posted. (ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO FOUNTAIN HILLS/ EMERALD VIEW CONDOS)

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

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

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

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

(OFFICE USE ONLY)

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

Check/MO # \_\_\_\_\_