

Estrella Vista Homeowners Association, Inc.

C/O VISION COMMUNITY MANAGEMENT

16625 S Desert Foothills Parkway

PHOENIX AZ 85048

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

Email: estrellavista@wearevision.com

POOL KEY REQUEST FORM

Number of keys requested _____

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (_____) _____ - _____ Email: _____

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

(If Applicable)

Tenant Name: _____

*Property Management Name/Address: _____

Tenants/Management companies must have homeowner authorization to obtain a key

HOMEOWNER ACKNOWLEDGEMENT

I, hereby acknowledge that duplication of the pool/gate key is prohibited. A key may be purchased at a cost of **\$40.00**. each. Guests of homeowners will observe the pool rules and regulations posted. **(ONLY MONEY ORDER OR CHECK WILL BE ACCEPTED- PLEASE MAKE PAYABLE TO ESTRELLA VISTA)**

Homeowner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

(OFFICE USE ONLY)

Administrator: _____ Mailed Key / Homeowner Pick-Up (Circle One)

Date: _____ Check/MO # _____