

Shadow Mountain Villas Condominium Association of Phoenix
C/O Vision Community Management
16625 S. Desert Foothills Parkway
Phoenix, AZ 85048
(480) 759-4945 FAX (480) 759-8683
Email: ShadowMountain@WeAreVision.com

Information/Fob Request Form

Homeowner Name(s) _____ Property Street Address _____

COMPLETE IF OWNER'S MAILING ADDRESS IS NOT PROPERTY STREET ADDRESS:

Mailing Street Address _____ Mailing City, State, Zip, Country _____

Please select an option from the following:

- I (or my tenant/authorized agent) will pick up the pool fob(s) at the VISION office
PHOTO ID WILL BE REQUIRED.
- Please send my pool fob(s) to the above **mailing address** via certified mail. I understand my account will be charged a \$15.00 processing fee for this service.

Please provide information for either the Tenant or your Authorized Agent fob(s) may be released to.

Fob(s) may be released to the following Tenant:

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

Fob(s) may be released to the following Authorized Agent:

Authorized Agent's Information:

Name: _____ Phone #: _____ Email: _____

Mailing Address: _____

PHOTO IDENTIFICATION WILL BE REQUIRED

I UNDERSTAND THAT ALL EXISTING COMMUNITY ACCESS TO THE COMMUNITY POOL HAVE BEEN DISABLED. I WILL BE REQUIRED TO USE THE NEW FOB TO GAIN ACCESS TO THE COMMUNITY POOL. I HEREBY ACKNOWLEDGE REQUEST FOR THE FOB(S) FOR THE SHADOW MOUNTAIN VILLAS. FOB(S) MAY BE PURCHASED AT A COST OF \$50.00 EACH. (ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO SHADOW MOUNTAIN VILLAS)

Homeowner Signature: _____ Date: _____

Office Use Only

Fob #'s Issued: _____ Administrator Initials: _____ Programming Requested: _____