

Avalon Village Community Association  
C/O Vision Community Management  
16625 S. Desert Foothills Parkway  
Phoenix, AZ 85048  
(480) 759-4945 FAX (480) 759-8683  
Email: avalonvillage@wearevision.com

**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 fob(s) at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- Please send my 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 send my fob(s) to the **property 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 FOBS 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 AVALON VILLAGE COMMUNITY ASSOCIATION. LOST/REPLACEMENT FOB(S) MAY BE REPLACED AT A COST OF \$50.00 EACH. (ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO AVALON VILLAGE COMMUNITY ASSOCIATION)**

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

**Office Use Only**

Fob #'s Issued: \_\_\_\_\_ Administrator Initials: \_\_\_\_\_ Programming Requested: \_\_\_\_\_