

The Gardens Inc.  
Homeowners Association  
C/O Vision Community Management  
16625 S. Desert Foothills Parkway  
Phoenix, AZ 85048  
(480) 759-4945 FAX (480) 759-8683  
Email: [thegardens@wearevision.com](mailto:thegardens@wearevision.com)

## POOL/PEDESTRIAN KEY REQUEST FORM

Number Key(s) \_\_\_\_\_

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

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

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

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

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

Mailing Address (if different from property address): \_\_\_\_\_

\_\_\_\_\_

(If Applicable)

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

\_\_\_\_\_

(If Applicable)

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

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

\_\_\_\_\_

### HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEY(S) FOR THE GARDENS I ALSO  
ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. KEYS MAY BE  
PERCHASED FOR \$5.00 EACH. (ONLY MONEY ORDER OR CHECK MADE OUT TO THE  
GARDENS HOA ARE ACCEPTED).

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

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

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

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

(OFFICE USE ONLY)

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

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