## **Palomino Pointe Association**

C/O Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048 PH (480) 759-4945 \* FAX (480)759-8683 Email: <u>PalominoPointe@wearevision.com</u>

## Front Gate/Pool Gate Fob Form

Number of Fohs Requested:

Trainibor or Fobolitoquooti	, di	
Homeowner Name:		Date:
Property Address:		Lot/Unit #:
Phone Number: ()	Em	nail:
		ss for mailing of the fob (s)):
	HOMEOWNER AC FOB(S) MAY BE PUI ER OR CHECK ACCEPT	CKNOWLEDGEMENT IRCHASED FOR \$25.00. TED - PLEASE MAKE PAYABLE TO PALOMINO ASSOCIATON)
Signature of Person Receiving Fob(s):		Date:
	(OFFICE	USE ONLY)
Administrator:	Mailed Fob / Home	eowner Pick-Up (Circle One)
Date:	Ch	neck/MO #