La Tierra Condominium Association C/O Vision Community Management 16625 S. Desert Foothills Pkwy PHOENIX, AZ 85048

(480) 759-4945 FAX (480)759-8683 Email: latierra@wearevision.com

## POOL AND GYM KEY REQUEST FORM

Number of key(s)	
Homeowner Name:	Date:
Property Address:	Lot/Unit #:
Phone Number: ()	
Mailing Address (if different from property address):	
(If Applicable)	
Tenant Name:	
Property Management Name/Address:	
HOMEOWNER ACKNOW  I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S  ASSOCIATION. I ALSO ACKNOWLEDGE THAT DUPLIC LOST/REPLACEMENT KEYS MAY BE REPLACED AT A COST  CHECK MADE OUT TO LA TIERRA HOA IS ACCEPTED, AN  PAYMENT MUST BE RECEIVED IN ORDER TO RECEIVE KEYS	S KEYS FOR LA TIERRA CONDOMIMIUM ATION OF THE KEYS IS PROHIBITED. OF \$10.00 EACH. (ONLY MONEY ORDER OR D THE ACCOUNT MUST BE CURRENT AND
Homeowner Signature:	Date:
Property Manager Signature:	Date:
(OFFICE USE ONLY)	
Date: Mailed Key / Date: Picked-up Key Administrator Initials: Check/MO #	