

SCOTTSDALE TERRACE CONDOMINIUMS  
C/O VISION COMMUNITY MANAGEMENT 16625 S.  
Desert Foothills Parkway PHOENIX, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email:ScottsdaleTerrace@WeAreVision.com

**Pool/Fitness Fob Form**

**Number of Fob(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 ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S FOB FOR SCOTTSDALE TERRACE  
CONDOMINIUM. I ALSO ACKNOWLEDGE THAT DUPLICATION IS PROHIBITED.

**FOB MAY BE PURCHASED AT A COST OF \$25.00 EACH.**

**(ONLY MONEY ORDER OR CHECK MADE OUT TO SCOTTSDALE TERRACE IS ACCEPTED, AND THE  
ACCOUNT MUST BE CURRENT AND PAYMENT MUST BE RECEIVED INORDER TO RECEIVE A FOB)**

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

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

---

**(OFFICE USE ONLY)**

Date: \_\_\_\_\_ Mailed Fob / Date: \_\_\_\_\_ Picked-up Fob Administrator Initials: \_\_\_\_\_  
Check/MO # \_\_\_\_\_