

Keystone Owners Association
C/O Vision Community Management
16625 S Desert Foothills Parkway Phoenix, AZ 85048
Phone (480) 759-4945 Fax (480)759-8683
Email: Keystone@WeAreVision.com

POOL FOB REQUEST FORM

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (_____) _____ - _____ Email: _____

☐ I will pick up the fob at the VISION office, address above. PHOTO ID WILL BE REQUIRED.

☐ I will pick up the fob at the community event on November 8, 2025 from 10:00am to 2:00pm. PHOTO ID WILL BE REQUIRED.

☐ Please send the fob to the mailing address below via certified mail. I have included a \$15.00 check or money order for this service made out to Keystone Owners Association. Mailing Address (if different from property address for mailing of the fob):

MailingAddress: _____

***Fobs will be released to homeowners/trustees only.

***The last day to use physical keys will be November 30, 2025.

***Each lot will only be permitted one (1) fob. The first fob will be provided at no charge. A replacement fob will be \$25.00 and the previous fob will be deactivated.

Signature of Homeowner/Trustee Acknowledging the Process and Receiving Fob:

Signature: _____ Date: _____

(OFFICE USE ONLY)

Administrator: _____ Mailed Key/Homeowner Pick-Up (Circle One)

Date: _____ Check/Money Order # _____