## COTTONWOOD VILLAS CONDOMINIUM OWNERS ASSOCIATION

C/O VISION COMMUNITY MANAGEMENT 16625 S Desert Foothills Parkway PHOENIX, AZ 85048 PH (480) 759-4945 FAX (480)759-8683 Email: Cottonwoodvillas@wearevision.com

## **POOL KEY REQUEST FORM**

Amount of Keys				
Homeowner Name:		Date:		
		Lot/Unit #:		
Mailing Address (if o	different from prop	perty address for m	nailing of the key(s)):	
Plance note k	ove will not be rele		LE) management companies without written	
			n Community Management to ensure you are	
Tenant Name:				
Property Managemen	t Name/Address:			
Phone Number: (	)	Email: <sub>-</sub>		
(ONLY MONEY ORI	Keys may		VLEDGEMENT cost of \$5.00 each. E MAKE PAYABLE TO COTTONWOOD VILLAS)	
Signature of Person F	Receiving Key(s): _		Date:	
		(OFFICE USE O	NLY)	
	Administrat	tor:	Mailed Key / Homeowner Pick-Up (Circle One)	

Date: \_\_\_\_\_ Check/MO #\_\_\_\_\_