

GREENFIELD HEIGHTS COMMUNITY

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

POOL KEY REQUEST FORM

Homeowner Name: _____ Date: _____

Property Address: _____ Lot #: _____

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

Mailing Address (If different from property address for mailing of the key(s)):

(If Applicable)

_____ I would like to authorize the following Tenant/Property Manger to receive the pool fob.

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGEMENT

I, HEREBY ACKNOWLEDGE REQUEST FOR THE KEY(S) FOR GREENFIELD HEIGHTS COMMUNITY ASSOCIATION. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. LOST/REPLACEMENT KEYS MAY BE REPLACED AT A COST OF \$10.00 EACH. (ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO GREENFIELD HEIGHTS COMMUNITY ASSOCIATION)

Homeowner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

(OFFICE USE ONLY)

| Date Pick-up | Date Mailed | Check/Money Order # | Payment Amount | Current on Assessments | Key Fob Number |
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