

THE BROWNSTONES AT TEMPE HOMEOWNERS ASSOCIATION  
C/O VISION COMMUNITY MANAGEMENT  
16625 S. Desert Foothills Pkwy  
PHOENIX, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: brownstones@wearevision.com  
**POOL KEY REQUEST FORM**

Number of key(s) \_\_\_\_\_

Homeowner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot/Unit #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different from property address): \_\_\_\_\_  
\_\_\_\_\_

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(If Applicable)

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Tenant Name: \_\_\_\_\_

Property Management Name/Address: \_\_\_\_\_  
\_\_\_\_\_

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEYS FOR THE BROWNSTONES AT TEMPE HOMEOWNERS ASSOCIATION. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEYS IS PROHIBITED. LOST/REPLACEMENT KEYS MAY BE REPLACED AT A COST OF **\$10.00 EACH**.

**(ONLY MONEY ORDER OR CHECK MADE OUT TO THE BROWNSTONES AT TEMPE HOA IS ACCEPTED, AND THE ACCOUNT MUST BE CURRENT AND PAYMENT MUST BE RECEIVED IN ORDER TO RECEIVE KEYS.**

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

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

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**(OFFICE USE ONLY)**

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